

# PHOENIX CENTRE™

Please complete the "Out of the Ashes" application form and forward it to:

Phoenix Centre™ Bursary Selection Committee  
922 – 3<sup>rd</sup> Ave  
Kamloops, BC V2C 6W5 250-374-4634

## "OUT OF THE ASHES" APPLICATION FORM

### NAME IN FULL:

Family Name

First

Middle or other names

### MAILING ADDRESS:

Number and Street

City/Town

Province

Postal Code

Telephone

E-Mail

Alternate Telephone Number

Date of Birth: \_\_\_\_\_  
Month/Day/Year

Gender

Female

Male

### SCHOOL INFORMATION:

Secondary School Attended: \_\_\_\_\_ Grade Completed

Post Secondary Enrolment: Are you currently enrolled/attending university or college? Yes No \_\_\_\_\_

Name of Program/Institution seeking to attend:

Projected Start Date: \_\_\_\_\_

Declaration: I hereby declare that all of the information provided for the "Out of the Ashes" Bursary Application is complete and true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_