Children's Aid Foundation
of the District of Thunder Bay

1110 Jade Court
Thunder Bay, ON P7B 6M7
Phone: (807) 343-6100
Fax: (807) 343-1310
Email: Foundation@thunderbaycas.ca

Driver's Education Bursary Application

Name: _____

Address: _____

City:_____**Province:**_____ **Postal Code:** _____

Home Phone:_____**Cell Phone:**_____**Work Phone:** _____

Email Address: _____

Date of Birth_____**(Month/Day/Year) Age:**_____

Current or Former Worker's Name:_____

Crown Ward Status: ***(Please note you must currently be or have been a Crown Ward of The Children's Aid Society of the District of Thunder Bay as of your 18th Birthday)***

Current Crown Ward ☐ **Former Crown Ward on ECM** ☐

1. How will the Driver's Education Bursary assist you in attaining your goals? Please include why you should be chosen for the Bursary and how you would benefit from receiving this bursary.

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(If you additional space, please feel free to add more pages.)

Signature

(If you additional space, please feel free to add more pages.)