



Vancouver Academy of Music

**VANCOUVER ACADEMY OF MUSIC**  
**S.K. Lee College**

Executive Director's Office  
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**BURSARY APPLICATION FORM**  
**(Confidential Report)**

A student in good standing who can demonstrate a need for financial assistance and has been registered at VAM for a minimum period of one academic year, may apply for a bursary.

**Deadline for the bursary application is September 30th.**

**PROGRAM**

- Private Lessons
- Orff
- Kodaly
- Suzuki
- Other (please specify): \_\_\_\_\_

Remember your completed file must contain:

- A completed application form
- One student evaluation form

Name: \_\_\_\_\_  
Last First Middle

Present Mailing Address: \_\_\_\_\_  
Number & Street City Province/State

\_\_\_\_\_ Telephone: \_\_\_\_\_  
Postal Code Area Code Number

Male  Female Date of Birth: \_\_\_\_\_ SIN: \_\_\_\_\_

Elementary/Secondary School: \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address of above (if different) \_\_\_\_\_  
Number & Street City Province/State Postal Code

Email Address: \_\_\_\_\_

Residence Tel No.: \_\_\_\_\_ Business Tel No.: \_\_\_\_\_

Parents, please complete the following:

Parent 1:

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Gross Income for previous year: \_\_\_\_\_

Parent 2:

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Gross Income for previous year: \_\_\_\_\_

PARENTS 1 AND 2 MUST PROVIDE TAX DOCUMENTS TO SUBSTANTIATE THE ABOVE INCOME DECLARED.

Instrument \_\_\_\_\_ No. of years studied \_\_\_\_\_ Current Teacher \_\_\_\_\_

Give a brief explanation of your proposed course of study and future objectives.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all volunteer activities at VAM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL INFORMATION**

Have you applied for and received financial assistance from this source before? \_\_\_\_\_

If yes, when and amount of bursary: \_\_\_\_\_  
\_\_\_\_\_

Have you applied for/or received financial support for this academic year from other sources? \_\_\_\_\_

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Student's Tuition Fees:** Vancouver Academy of Music

\$ \_\_\_\_\_

Other activities outside of  
VAM: \_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

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Give a brief summary of the reasons for requesting financial assistance.

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