

<b>Application</b>	Membership #	
Last Name	First Name	
Mailing Address		
Phone (day)		Email:
Phone ( evening)		
Phone (cell)		
Fax		
Courses or Education Program	Training Institute	

In accepting this bursary, I understand and agree that the Foundation of Administrative Justice may publish my name and achievements in promotional or other material related to the Foundation's training directives. All bursary awards are public information and may be published.

I understand that this bursary award is deemed as income under the Income Tax Act and must be declared.

The Foundation of Administrative Justice will issue a T4A form. The Foundation of Administrative Justice reserves the right to change and/or terminate this bursary.

By signing this application, I declare that I have answered each item to the best of my ability and knowledge, and I will notify the Foundation of Administrative Justice if I withdraw from any course listed.

Did you include:  Your biography of education, career goals, etc.  
 Proof of course registration

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date