



The Grey County  
Kiwanis Festival of Music

**SOLO BURSARY FUND APPLICATION**

**CONFIDENTIAL**

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

**Note:** You must have already started the registration process for your classes.

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ ENT#: \_\_\_\_\_

If under 18, Parent or Guardian: \_\_\_\_\_ ENT#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Bursary funds are available for registration fees, music scores, and accompanist up to a maximum of \$60.00 per participant.** (Available to residents of Grey, Bruce, and Simcoe Counties only.)

Please provide a brief outline of your reason(s) for applying to the Grey County Kiwanis Festival of Music Bursary Fund:

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

**Discipline(s):**

Piano    Voice    Musical Theatre    Drama/Speech Arts    Guitar    Strings    Brass    Woodwinds

**AMOUNT REQUESTED: \$** \_\_\_\_\_

**Make cheque payable to:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Signature: X** \_\_\_\_\_

Please email completed form to:  
[admin@kiwanismusicfestival.net](mailto:admin@kiwanismusicfestival.net)

**or:**

Mail this form in a sealed envelope marked 'Confidential' to:

**Grey County Kiwanis Festival of Music**

**Attention: Bursary Committee**

**P.O. Box 456**

**Owen Sound ON N4K 5P7**

**Office Use Only: (Solo Application)**

Date Rec'd _____	Date Approved: _____	Date Mailed: _____	Cheque # _____	Approved by: _____
Notes:   				

**Grey County Kiwanis Festival of Music**

Box 456, Owen Sound, ON. N4K 5P7 • Registered Charity BN: 11894 8025 RR0001

Website: <https://kiwanismusicfestival.net/> • Phone: 226-379-4580 • Email: [admin@kiwanismusicfestival.net](mailto:admin@kiwanismusicfestival.net)

*Sponsored by the Kiwanis Club of Owen Sound*