

AMERIKS FUND
(In memory of Reeve Frank Fleming)

APPLICATION FOR FINANCIAL ASSISTANCE
CLOSING DATE – OCTOBER 31ST EACH YEAR

NAME: _____

ADDRESS: On Island: _____

Off Island: _____

DATE OF BIRTH: _____

YEARS RESIDENT ON AMHERST ISLAND: _____

TERTIARY EDUCATION HISTORY TO DATE:

Institution

Date (from....to)

CURRENTLY REGISTERED AT THE FOLLOWING INSTITUTION:
(proof of registration must be attached)

COURSE OR DISCIPLINE: _____

EXPECTED COMPLETION DATE: _____

SIGNED: _____

DATE: _____