

Division of Continuing Studies PO Box 1700 STN CSC Victoria British Columbia V8W 2Y2 Canada continuingstudies.uvic.ca

Lorene Kennedy Grant

Application Form

Personal Information						
First name:			Last name:			
UVic student number:			Email:			
Address:						
Program Information						
_			Year start	ed:		
		Are you currently	you currently approved to register for your ER390 project? Yes $\ \square$ No $\ \square$			
Professional Goals						
Explain how you will use th	as grant and your pood	·				
Budget Provide an itemized budge	et (do not include tuitic	n fees). See <u>here</u> for a	an example.			
Item	Source	Cost	Amount	Total	Notes	
			Total			
			IOtal			
Declaration						
I hereby confirm that I am	a student in the RNS Di	ploma or Certificate	program at the	University of	f Victoria.	
I hereby apply for the <i>Lore</i>			_			
	in i	,		2 In Inc. and 61.		
Signature of applicant		Date:				

