

THE FIELD HOCKEY BC FOUNDATION

www.fhbcfoundation.com

MOIRA RERRIE POST SECONDARY BURSARY

PHILOSOPHY:

To recognize a <u>female</u> athlete who has played high school and/or recognized league Field Hockey and to encourage them to continue to participate in Field Hockey.

DESCRIPTION:

Four bursary awards of \$250 to be awarded to the successful applicant proceeding to, or currently attending, a British Columbia post-secondary institution.

CRITERIA: The applicant must

- 1. Be attending or entering a post-secondary institution. Proof of registration or application to the institution must be provided.
- 2. Be a female member in Good Standing of Field Hockey BC
- 3. Intend to continue playing in a recognized league OR have the intention to continue in Field Hockey and to give back to FHBC through coaching, umpiring, or volunteering
- 4. Not be receiving carding monies (BC or National)
- 5. Include a letter giving their reason for applying for the bursary

TIMELINES:

Applications must be received by September 15, 2024.

APPLICATIONS SHOULD BE SENT TO:

THE FIELD HOCKEY BC FOUNDATION
THE MOIRA RERRIE POST SECONDARY BURSARY
101-7455 132nd Street
Surrey, BC
V3W 1J8

FAX: 604-873-6488

E-Mail: info@fieldhockeybc.com



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PERSONAL DETAILS NAME:_____ ADDRESS: CITY: POSTAL CODE: HOME PHONE: E-MAIL: **HISTORY/PARTICIPATION** PLEASE LIST YOUR PAST/CURRENT SCHOOL, CLUB, FHBC, OR OTHER TEAMS: TEAM: YEAR: RESERVE PLAYER? (YES/NO) TEAM: YEAR: RESERVE PLAYER? (YES/NO) TEAM: YEAR: RESERVE PLAYER? (YES/NO) YEAR: RESERVE PLAYER? (YES/NO) TEAM: HIGH SCHOOL/POST-SEC INSTITUTION____ ADDRESS Postal Code POST-SECONDARY INSTITUTION PLANNING TO ATTEND WHICH LEAGUE OR ORGANIZATION DO YOU PLAN TO PLAY OR VOLUNTEER WITH: **REASONS FOR APPLICATION** (INCLUDING PERSONAL CIRCUMSTANCES AS APPROPRIATE) AREA APPLYING FROM: (Check one) ____ Vancouver Island ____ Greater Vancouver

Outside the above

PLEASE DESCRIBE WHY YOU CHOSE TO APPLY FOR THIS AWARD:
INTENDED USE OF FUNDS:
ARE YOU RECEIVING CARDING MONIES (BC OR NATIONAL): yes no
REFERENCES
REFERENCE: PLEASE LIST A PERSON WHO MAY BE CONTACTED TO SPEAK ON YOUR BEHALF NAME:
RELATIONSHIP TO YOU: (ex: teacher/coach/mentor)
EMAIL: PHONE:
CHECKLIST Proof of registration or application to Post Sec.Institution Letter of Reference Letter explaining reason for application
OFFICE USE ONLY
DATE RECEIVED: DATE PROCESSED: RESPONSE SENT DATE (AS APPROPRIATE): AWARD ALLOCATED: Y / N AMOUNT ALLOCATED:\$