

**Mennonite Church Canada Youth Assembly  
Bursary Application**

**General Information**

Are you applying for financial aid as an individual or group? \_\_\_\_\_ Individual \_\_\_\_\_ Group How many are in your group?

How many others in your household are planning to attend Youth Assembly 2009?

Your name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Congregation \_\_\_\_\_  
Area Church \_\_\_\_\_

**Projected Assembly Costs**

Total Registration Costs \$ \_\_\_\_\_  
Total Travel Costs \$ \_\_\_\_\_  
Other Costs (please specify) \$ \_\_\_\_\_  
  
**Total Costs** \$ \_\_\_\_\_

**Financial Resources to attend Youth Assembly 2009 (Must be completed)**

Personal/Family Funds \$ \_\_\_\_\_  
Congregational Assistance \$ \_\_\_\_\_  
Area Church Assistance \$ \_\_\_\_\_  
Fundraisers (if a youth group) \$ \_\_\_\_\_  
Other sources of assistance \$ \_\_\_\_\_  
  
**Total Resources Available** \$ \_\_\_\_\_

**Projected need**

Subtract Total Resources Available from Total Costs \$ \_\_\_\_\_

**Signatures:**

Your Signature \_\_\_\_\_ Date \_\_\_\_\_  
Youth Sponsor Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_  
Pastors Signature \_\_\_\_\_ Date \_\_\_\_\_

**Comments:**

**Mail or fax your application by April 23, 2009 to:**

Mennonite Church Canada Youth Assembly  
600 Shaftesbury Blvd  
Winnipeg, MB R3P 0M4  
Fax: 204-831-5675

**For more information:**

Call Anna at 306 249-4844  
or email [arehan@mennonitechurch.ca](mailto:arehan@mennonitechurch.ca)

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Approved by \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_ Notified on \_\_\_\_\_