

THE FIELD HOCKEY BC FOUNDATION

www.fhbcfoundation.com

THE ALLYN MURISON GRASSROOTS BURSARY

PHILOSOPHY:

The Allyn Murison Grassroots Bursary is designed to support female athletes under the age of 12 to access field hockey programming. The Bursary focuses on assisting with the costs involved in playing field hockey at the club level.

DESCRIPTION:

Five awards of up to \$100 will be made annually. However, if, in any one year, there are candidates requiring greater financial aid, larger amounts may be considered (to a maximum of \$250).

PURPOSE:

The Allyn Murison Bursary Program is a legacy fund gift held in perpetuity with the Foundation following the passing of Allyn Murison who was passionate about getting young female athletes involved in our great game.

CRITERIA: The applicant must

- 1. Be a JUNIOR AFFILIATE MEMBER in Good Standing (Under 10 or Under 12) with Field Hockey BC
- 2. Have completed a member registration with a recognised BC Field Hockey Club*
- 3. Be Under 12 years of age as of January 1st in the current year
- *Should a bursary application be critical to completing a club membership registration, please let FHBC know as this will allow FHBC to liaise directly with the club should an application be approved.

TIMELINES:

Applications must be received by **April 26th**; the Award recipient or recipients will be announced in May.

APPLICATIONS SHOULD BE SENT TO:

THE FIELD HOCKEY BC FOUNDATION THE ALLYN MURISON BURSARY 101-7455 132nd STREET SURREY, BC V3W 1J8

OR BY E-MAIL TO: INFO@FIELDHOCKEYBC.COM OR BY FAX: 604-873-6488



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THE ALLYN MURISON GRASSROOTS BURSARY APPLICATION FORM

PERSONAL DETAILS NAME: ADDRESS: CITY: POSTAL CODE: HOME PHONE: E-MAIL: HISTORY/PARTICIPATION PLEASE LIST YOUR PAST/CURRENT CLUB TEAMS: CLUB: TEAM: YEAR: PEAR: CLUB: TEAM: YEAR: PEAR: PEAR: PEAR: PEAR: PEAR: ESTIMATED COST FOR THIS YEAR'S CLUB TEAM: REASONS FOR APPLICATION (INCLUDING PERSONAL CIRCUMSTANCES AS APPROPRIATE) PLEASE DESCRIBE WHY YOU CHOSE TO APPLY FOR THIS AWARD:

| INTENDED USE OF FUNDS: |
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| <u>REFERENCES</u> |
| REFERENCE: PLEASE LIST A PERSON WHO MAY BE CONTACTED TO SPEAK ON YOUR BEHALF NAME: |
| NAME: |
| EMAIL:PHONE: |
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| |
| OFFICE USE ONLY |
| DATE RECEIVED: DATE PROCESSED: RESPONSE SENT DATE (AS APPROPRIATE): AWARD ALLOCATED: Y / N |