



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 **March 27th, 2019**; the Award recipient or recipients will be announced in April.

APPLICATIONS SHOULD BE SENT TO:

THE FIELD HOCKEY BC FOUNDATION
RE: THE ALLYN MURISON BURSARY
202-210 WEST BROADWAY
VANCOUVER, BC
V5Y 3W2
EMAIL: INFO@FIELDHOCKEYBC.COM
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: _____

CLUB: _____ TEAM: _____ YEAR: _____

CLUB: _____ TEAM: _____ YEAR: _____

CLUB: _____ TEAM: _____ YEAR: _____

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:

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: _____

OFFICE USE ONLY

DATE RECEIVED: _____

DATE PROCESSED: _____

RESPONSE SENT DATE (AS APPROPRIATE): _____

AWARD ALLOCATED: Y / N

AMOUNT ALLOCATED: \$ _____