

Support for/pour Champions

The ALS Fund for kids / Le fond SLA pour enfants

Application Form

Name: _____

Address: _____

E-mail: _____ Telephone: _____

Age: _____ University / College or School (at present): _____

Parent touched by ALS: Mother: ___ Father: ___ Deceased: ___ Date: _____
(If applicable)

Father's Name: _____

Mother's Name: _____

Place of Employment & Position of Non Affected Parent: _____

Scholarship: ___ After-School Activity: ___ (check one)

Brief Description Supporting Funding Request:

University / College or Organization: _____

Program: _____

Cost: _____ Have you been accepted? _____

Signature: _____

When completed, return to:
ALS Society of New Brunswick
P. O. Box 295
Moncton, New Brunswick
E1C 8K9
info@alsnb.ca Toll Free 1-866-722-7700



Bursary Request must include:
1) Letter of Reference from a Professor
on University / College or School
Letterhead
2) Official Transcript of marks