



# The Royal's Partners in Art Bursary Fund Application



**The Partners in Art Initiative**

**Women's Mental Health Program**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Reason for application:  Course  Supplies  Amount requested: \_\_\_\_\_

Provide details:

Tell us how this course or these supplies can contribute to your learning plan(s):

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

**Please submit this application to:**

**Partners in Art Initiative**  
The Royal, 1145 Carling Avenue, Ottawa ON K1Z 7K4

**For Office Use Only:**

Has submitted a piece of art for display:  Yes  No

Application reviewed by: \_\_\_\_\_

Date of review: \_\_\_\_\_

Approved:  Yes  No Amount issued: \_\_\_\_\_

If no, reason: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of recipient

\_\_\_\_\_  
Signature of committee member