



Science Program

BURSARY APPLICATION FORM 2025

C/O TRU Science Office

805 TRU Way | Kamloops, BC | V2C 0C8

Phone: (250) 371-5534 | Email: eurekasc@tru.ca

FOR OFFICE USE ONLY

Camp #: _____

Bursary Granted: **Y** / **N**

\$ _____

Please print off this document and complete the sections below to the best of your knowledge. Incomplete application will NOT be considered. Letters may accompany this application. Please return completed applications and additional documentation to EUREKA! either via by mail or email a scanned copy.

Applicant (Child) Information:

Last Name

First Name

Preferred Name

Birth date (yyyy/mm/dd)

Child's Preferred Gender

Phone Number

Address: No. & Street

City/Town

Province

Postal Code

Does the child claim Aboriginal, Métis, or Inuit ancestry (circle): YES NO

Parent/Step-Parent/Sponsor/Legal Guardian Information:

Last Name

First Name

Preferred Name

Address: No. & Street

City/Town

Province

Postal Code

Science Camp Information:

(Total cost of camp = \$255)

Preferred week of camp to attend: _____

Parent Section:

Please provide us with a range of preferred times for a call so that our office can reach out to you to initiate the registration process.

Child Section (to be filled out by the child):

What do you hope to gain from a week at EUREKA?

What science experiments have you had or particularly enjoyed?

DECLARATION:

I hereby declare that all information given above is true and complete in every respect; that I have answered all questions on this form and that I will relay any other important information to the EUREKA! office during registration of the camper. It is important to note that the intentional omission of any significant information will not adversely impact the EUREKA! Science Program.

Signature of Parent: _____

Date: _____