



Children's Aid Society

N I P I S S I N G   A N D   P A R R Y   S O U N D

**RONALD L. LEES ADOPTION BURSARY  
NOMINATION FORM**

I wish to nominate \_\_\_\_\_ for the Ronald L. Lees Adoption Bursary.

Student's educational / training goal \_\_\_\_\_

Please elaborate on why you feel this student should receive this Bursary. (Attach additional pages if necessary).

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Nominator's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to the nominee \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit application to:

**Christine Allard, Adoption Supervisor**  
Children's Aid Society for the District of  
Nipissing & Parry Sound  
433 McIntyre Street West  
North Bay, ON P1B 8K3



**DEADLINE FOR APPLICATIONS IS May 15, 2019**