



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 APPLICATION

Student's educational / training goal (enclose evidence of enrolment in the program leading to this goal.)

Please elaborate on your reasons for making this application. (Attach additional pages if necessary.)

Applicant's Name: _____

Address: _____

Telephone: _____ Cell Phone: _____

If I am awarded the Ronald L. Lees Bursary, I commit to using it to achieve the educational goal described above.

Signature _____ Date _____

Please submit application to:

Lissa Clowater, Adoption/Resource Supervisor
Children's Aid Society of the District of Nipissing & Parry Sound
433 McIntyre Street West
North Bay, ON P1B 2Z3



Children's Aid Society
La Société d'aide à l'enfance
NIPISSING & PARRY SOUND