



## Jump Canada Youth Bursary Program - Nomination Form -

**Deadline: September 30 of the current year**

### NOMINEES INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
EC # (must be Gold Sport License holder): \_\_\_\_\_ SIN #: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_

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### NAME OF NOMINATOR

Name \_\_\_\_\_ EC #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

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### INDEPENDENT SUPPORTER (MUST BE EC MEMBER)

Name \_\_\_\_\_ EC #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

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**COACH OF NOMINEE**

Name \_\_\_\_\_ EC #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Stable: \_\_\_\_\_ NCCP Level: \_\_\_\_\_

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**SCHOOL INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code: \_\_\_\_\_ Fax: \_\_\_\_\_  
Grade Average: \_\_\_\_\_

\_\_\_\_\_  
Principal/Dean (or equivalent) Signature

\_\_\_\_\_  
Date

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**NOMINEE ADDITIONAL INFORMATION**

**RIDING EXPERIENCE**

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**AWARDS & ACCOMPLISHMENTS**

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**PLEASE DESCRIBE YOUR INTEREST AND EXPERIENCE WITH HORSES: (ATTACH A SEPARATE SHEET IF NECESSARY)**

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**WHAT ARE YOUR GOALS INVOLVING HORSES?**

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**WHAT ARE YOUR EDUCATIONAL GOALS?**

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SUPPORTING LETTERS FROM THE FOLLOWING MUST BE ATTACHED:

- Coach
- Nominator
- Independent supporter
- Additional supporting letters may be included in the application

**RELEASE FORM**

I, \_\_\_\_\_, acknowledge that \_\_\_\_\_  
(Parent/guardian) (Applicant)

is interested in the Jump Canada Youth Bursary Program. This is to certify that the information provided is accurate and the applicant and parent/guardian agree to abide by the rules and regulations of Jump Canada and Equine Canada (Equestrian Canada).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(applicant)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent/guardian)

**Please send completed nomination form to:**

Equestrian Canada, c/o Jump Canada Bursary Program, Attn: Jumping Department  
308 Legget Drive, Suite 100, Ottawa, ON, K2K 1Y6, Email: [clabelle@equestrian.ca](mailto:clabelle@equestrian.ca)