

PRIVACY STATEMENT

I hereby authorize the Rose City Seniors Centre Foundation to collect and verify the required information including, but not limited to, the items listed in the application requirements.

I understand the information I provide will be collected for the sole purpose of judging my eligibility for the Rose City Seniors Centre Foundation Bursary.

All information provided by me, or my references on my behalf, will be shared only with the Scholarship Selection Committee.

The information following the selection process will be kept in confidence by the Rose City Seniors Centre Foundation for the duration of one year for unsuccessful candidates, and until completion of bursary award for successful candidates.

Name: _____
(Print)

Signature: _____ Date: _____

I, _____, hereby swear that the information provided in the attached application is true to the best of my knowledge.

Signature: _____ Date: _____