



Mary Lynn Higgins Youth Fund
4141 Dixie Road, P.O. Box 41061 Rockwood Mall,
Mississauga, ON L4W 5C9

Application Form

Student's Name(s): _____

Teacher's Name: _____

Teacher's Email: _____

School Name: _____

School Phone: _____

School Address: _____

Tour Operator Name: _____

Tour Operator Representative: _____

Destination: _____ Date of Travel: _____

1-2 students - \$750 per school per calendar year
3+ students - \$1.050 per school per calendar year
Please advise allocation of funds per child if more than one

Tour Price Per Student: \$_____

Amount of Scholarship Required: \$_____

Teacher's Signature: _____ Date: _____

Principal's Name: _____ Date: _____

Principal's Signature: _____

*All information provided above will be held in confidence.

Charitable BN/Registration # 83661 7365 RR000
marylynnhigginsapplications@gmail.com