



Auctioneers Association of Ontario

BARBARA RICHARDS EDUCATIONAL BURSARY FORM

All information in this document is confidential.
Only completed applications from current AAO members will be considered for adjudication.

Name: _____

Permanent Address: _____

City: _____ Province: _____ Postal Code: _____

Home Telephone: _____ Business Telephone: _____

Name and Address of Institution: _____

Study Subject: _____

Date Program Starts: _____ Date Programs Ends: _____

Total Cost of Program: _____

Did you apply for any other bursary, grant or support? Yes No

If yes, how much? _____

Length of time in the auction industry in Ontario: _____

Other auction or auction related fields of education/professional development you have successfully completed (use back of form if more space is required):

My reasons for making an application for the AAO Barbara Richards Education Bursary are as follows:

I confirm that the information provided is true. I agree to respect the conditions and rules of the AAO Barbara Richards Education Bursary, and I acknowledge that the decision of the Adjudication Board cannot be appealed. If awarded a bursary, I will use it only for the course of study described on this application form. I will reimburse all funds I have been awarded if I discontinue the study course or program.

Signature

Date