

# David A. Wyatt Reel Pride Filmmaker Bursary

## Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you identify as part of the LGBTTTQ\* Community? Yes  No

Are you a Canadian Citizen or landed immigrant? Yes  No

Post Secondary Institution Attending: \_\_\_\_\_

Focus of studies: \_\_\_\_\_

Are you a High School graduate or have a GED? Yes  No

How are you involved in the LGBTTTQ\* Community? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_