

## The Michelle Gauthier Memorial Bursary 2025 Application Form

Name:	Address:
Home or Cell #:	Work #:
Email:	
Present Position and Residence/Program:	Professional Designation (if applicable):
Unit/Dept. Area:	Name of Immediate Supervisor:
Start Date:	Position Type: (FT/PT/Casual/Volunteer)
Have you ever been a recipient of the Miche	elle Gauthier Bursary? Yes / No
I am requesting funding for the following co	ourse:
Educational Institution providing the cours	e:
Anticipated Start Date:	
Anticipated Completion Date:	
Please confirm the following required infor	
o I have not received funding for this	
I have attached a description and tu	
	ram material costs and other expenses
Please describe your education goals:	
1	

Please provide examples of your professional or volunteer services at your residence/program:		
Please provide examples of how you have shown a high level of caring and		
commitment to residents:		

## **PLEASE NOTE:**

In order to be considered eligible for the Michelle Gauthier Memorial Bursary, applicants must obtain all required signatures, fully complete all sections, and attach a course description and associated costs with this application.

I certify that the supplied information is accurate and complete. If this application is successful, I agree that my name and photo can be recognized/used in The Willow Foundation newsletter, social media and at the award ceremony.

Applicant's Signature:	
Date:	
I support this educational plan and application for funding.	
Signature of Immediate Supervisor:	
Name (Please Print):	
Date signed:	

## **Application Deadline is December 11, 2025**

For information or assistance please contact The Willow Foundation at 905-825-6000 ext. 4049

Return application to: willow.foundation@halton.ca

The Willow Foundation 203 Georgian Drive, Oakville, ON L6H 7H9

All applicants will be notified in January 2026