

Drs. Buski-Lakhani International Travel Bursaries

Name:

| Mailin | ng Address: | | |
|------------------|------------------|----------|-------------|
| | Street Address 1 | | |
| | Street Address 2 | | |
| | City | Prov | Postal Code |
| | | | |
| Email | Address: | | |
| Faculty: | | Program: | |
| Year of Studies: | | | |
| | | | |

Location:

Description of Project:

How will the Project Recipients benefit from your participation:

What do you hope to achieve or learn due to your participation:

Expected Travel Dates:

Return this application form, along with confirmation of enrollment and two letters of reference to International Services Director, Rotary Club of Edmonton Mayfield at the address noted above or by email to maureen@liviniukgroup.com. Applications received by January 31 in each program year will be considered for the bursaries.

 $www. {\tt Edmonton} {\tt Mayfield} {\tt Rotary.org}$