

Actuonix Motion Devices
 First Sponsorship Application



APPLICANT INFORMATION		
Name:		
Date of Birth:	Email:	Phone:
Current Address:		
City:	State/Province:	ZIP/Postal Code
TEAM INFORMATION		
FIRST Team Number:		
Team Location		
Team Website URL:		
Year Your Team Was Created:		
In Which District Do You Compete?		
Finishing Position Last Year:		
AWARD INFORMATION		
Have you received this award in the past?	Yes___ No___	
Do you agree to the terms as outlined on our sponsorship page?	Yes___ No___	
ANY ADDITIONAL TEAM INFO YOU WISH TO SHARE		
VERIFICATION		
I certify that all of the information in this application is accurate, complete and true to the best of my knowledge. I understand that Actuonix Motion Devices reserves the right to determine eligibility for the award.		
Actuonix Motion Devices Inc. reserves the right to cancel our scholarship program at any time.		
Name of applicant:	Date	
Signature of applicant:		

Please print this application and send it along with cover letter to:


 Actuonix Motion Devices
 580 Starling Lane
 Victoria, BC V9E 2A9