

TOG Business Enrichment Grant



APPLICATION FORM

Part 1 - Complete the information below

OPTICIAN/TOG MEMBER NAME (First & Last Name)

BUSINESS NAME _____ TOG ACCT # _____

CITY & PROVINCE _____

DAYTIME TELEPHONE NUMBER _____

EMAIL ADDRESS _____

NAIT-OAC STUDENT/EMPLOYEE NAME (First & Last Name)

Part 2 - Answer the following question (use 200 words or less)

How has being a member of The Optical Group helped you? Or, if you are a new member, why did you become a member of The Optical Group?

Part 3 - Submitting Your Application

Send your completed Application Form to Ruth@theopticalgroupcanada.com between the contest submission period of June 15th to July 31st. One (1) application allowed per Independent Optician/TOG member.

By submitting this form, you are confirming your compliance with the Entry Guidelines and Rules of the Grant Opportunity. You agree to abide by the Entry Guidelines and Rules and the decisions of the selection committee with respect to all aspects of the Grant Opportunity, which are final.

SIGNATURE OF APPLICANT

DATE

TOG and the OAC respect your right to privacy. Personal information collected from applicants will only be used by TOG and the OAC for purposes of this Grant.