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**Bursary Application**

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| **Student Information** |  | | |
|  | Name | | |
| Address | | |
| Telephone | | |
| Email | | |
| Social Insurance #  First application only |  | | |
| Date of Birth | dd **\_\_\_\_\_**  mm \_\_\_\_\_ yyyy \_\_\_\_\_\_ | | |
| Status (check all that apply) | Previous Crown Ward/ Crown Ward (Extended Society Care) **\_\_\_\_\_\_\_**  CCSY/VYSA \_\_\_\_\_\_ | | |
| Have you applied for OSAP | Yes \_\_\_\_ No \_\_\_\_ | | |
| If No please explain |  | | |
| **Academic Information** |  | | |
| Name of School |  | | |
| Student Number |  | | |
| Applying for full-time bursary | Yes \_\_\_\_ No **\_\_\_\_** Number of courses this term **\_\_\_\_**  Number of courses completed in previous years **\_\_\_\_** N/A **\_\_\_**\_ | | |
| Name of Program |  | | |
| Type of Program | Certificate  Diploma Degree **\_\_\_**  Graduate Certificate  Collaborative & Joint Degree \_\_\_\_  Co-op Apprenticeship Other **\_\_\_\_** | | |
| If other please explain |  | | |
|  | Length of program (in yrs.) **\_\_\_\_** | Applying for year (1st, 2nd, etc.) **\_\_\_** | |
| Term you are applying for | Jan-Apr  Summer  Sept-Dec  Other **\_\_\_** | | |
| **Required Documents** |  | | |
|  | Acceptance letter (first semester) Official Time Table (subsequent semesters) \_\_\_ | | |
|  | Thanks you letter, note or email (annually) Copy of transcript(annually). | | |
|  | Applicant’s signed Declaration and Consent . | | |
|  | **To be completed by student’s Social Worker if applicable** | | |
| Social Worker’s Name |  | | Ext. |
| Student’s CPIN I.D. |  | | |
| Does student have an RESP with KHCAS Yes **\_\_\_\_** No**\_\_\_\_** | | | |
| Cheque to be payable to: |  | | |
| Cheque delivered to: |  | | |
| **Social Worker/Resource Worker Signature:** |  | | Date: |

Rev: 02/2019 aq