**Applicant’s Declaration and Consent**

I authorize the Kawartha-Haliburton Children’s Foundation to release to the appropriate committee(s) and to the award donor the following information:

* First Name , Last initial
* age
* Course enrollment information
* Year of study
* Thank you letter to donor foundation

I understand that the collection of personal information provided on this application or accompanying documentation is used solely for the purpose of determining my eligibility for bursary assistance.

I understand that I am responsible for providing all required documentation as indicated on this application or as directed by the Foundation. I understand that if I do not submit the required documentation/information I may not be considered for a bursary.

The John Bright Foundation and the Children’s Aid Foundation of Canada have provided the K-H Children’s Foundation with funding to administer several bursaries. As a condition of this funding, K-H Children’s Foundation is required to make reports to the Foundations of the amount of bursary you receive and the date it was awarded, your study period and information related to your eligibility for the bursary. This personal information will be used by the Foundations to administer and finance the bursary only. Administration includes: reporting on the administration and financing of the bursary and the Guarantee; monitoring and auditing K-H Children’s Foundation to ensure that we are administering the bursary appropriately; conducting risk management, error management, and audit and quality assessment activities; and conducting policy analysis. Financing includes: planning, arranging or providing funding of the bursary and the Guarantee.

I declare that all of the information that I have given on this form is true and accurate. If any information is inaccurate, I understand that any bursary awarded may be reassessed and/or withdrawn.

I understand that confirmation of eligibility may require the foundation to confirm my legal status via a required request to the KHCAS, and I consent to the sharing of said information.

**X**

Applicant’s Signature