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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 one) | Previous Crown Ward/ Crown Ward (Extended Society Care) **\_\_\_\_\_\_\_**Previous 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: 09/2020