



Margaret Davies Bursary Program

Please complete all pages of this application and submit to either your Kawartha-Haliburton Children's Aid Society worker or directly to the Foundation at carrie@k-hchildrensfoundation.com

Student Information	
Full Name	
Home Address	
Phone	
Email	
Social Insurance #	
Date of Birth	
Eligibility	Previous or Current Crown Ward, ESC, VYSA, or RSG ☐

Academic Information	
Name of School	
Name of Program	
Have you applied for OSAP?	Yes ☐ No ☐
If not, why?	
Type of Program	Certificate ☐ Diploma ☐ Degree ☐ Graduate Certificate ☐ Collaborative & Joint Degree ☐ Co-Op ☐ Apprenticeship ☐ Other ☐
If other, please explain:	
Term of Study	Fall (Sep-Dec) ☐ Winter (Jan-Apr) ☐ Summer (May-Aug) ☐
Length of Program in Years _____	Current Year of Study _____ (eg first year, second year)
Courseload	Full Time ☐ Part Time ☐ Other ☐
	# of Courses this Semester _____ # of Courses Already Completed _____

Payment & Mailing Information
--

All payments will be made via cheque. Please provide the following information to enable efficient cheque delivery.

Legal Name	
Delivery Method	Mail ☐ Pick Up ☐ Society Worker ☐ (choose one)
Mailing Address	
Pick Up Office	Peterborough ☐ Lindsay ☐ Haliburton ☐
Worker Name	

Individual bursary amounts will be determined after all applications for each semester are received. Individual bursary amounts for each semester will be decided based on the funding available via donor designated funds and the number of bursary applications received by the deadline each semester. You should receive the bursary cheque approximately 2 weeks after the deadlines.

To Be Completed by Social Worker (if applicable)

Worker Name			
Student's CPIN #			
Does student have a RESP with KHCAS?	Yes ☐	No ☐	
Worker Signature			Date

Application Documents Checklist
--

Application Form	Pages 1-2 of this document	Declaration and consent	Page 3 of this document
Proof of enrollment	Acceptance letter (first semester) or official timetable (subsequent semesters)		
Testimonial	Annual letter to funders and Foundation		

Declaration and Consent

I _____ authorize the Kawartha-Haliburton Children's Foundation ("the Foundation") to release to the Kawartha-Haliburton Children's Aid Society ("the Society"), the Foundation board of directors, and to donors the following information:

- First name and last initial
- Age and date of birth
- Name of program and school
- Year of study
- Testimonials and thank you letters
- Eligibility and welfare status

This will be used for the purpose of determining eligibility, financing, administration, and reporting.

Administration includes monitoring and auditing the Foundation; conducting risk and error management, audit and quality assessment activities; and conducting policy analysis. Financing includes planning, arranging, or providing funding of the bursary.

The Foundation is required to make reports to program funders of the value of the bursary, the date it was awarded, your school and program names, your study period, and information related to your eligibility.

1. I understand that I am responsible for providing all required documentation as indicated on this application or as directed by the Foundation.
2. I understand that confirmation of eligibility may require the Foundation to confirm my legal status via a request to the Society, and I consent to the sharing of said information.
3. I understand that if I do not submit the required documentation and information I may not be considered for a bursary.
4. I declare that all 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.

Applicant Signature

Date