

**BGCFS Bursary Application**

The BGCFS Bursary program is administered through Bruce Grey Child and Family Services. It is made possible through generous donations from organizations and individuals in the community to the Bruce Grey Child and Family Services Foundation.

The bursary awards are available to:

* Crown Wards of Bruce Grey Child and Family Services
* Former Crown Wards of Bruce Grey Child and Family Services, when funds are available.

Bursaries are awarded to young people in the care of Bruce Grey Child and Family Services who are pursuing post-secondary education (university, community college and technological institutions) or who are completing other training opportunities (hairdressing, apprenticeships, etc.)

All youth applying for a bursary through this program will be encouraged to apply for other bursaries and grants and will be provided with information about bursaries and grants available to them.

Once a youth receives a bursary award, they may apply for a continuation of the bursary in the following years if they continue in the same program until completion. Youth can apply in successive years, but only for one diploma or degree.

A complete application must include:

* the youth application form;
* a reference from the worker;
* a second reference from an employer, teacher or adult friend, who is not a BGCFS employee;
* the application form signed by the youth, the worker and the respective supervisor;
* a copy of most recent school report; and
* confirmation of acceptance from post secondary institution.

The decision to award a bursary will be based on:

* Your achievements – how you got to where you are today, what obstacles you have overcome
* Your aspirations – what you want to achieve from an education and career point of view
* Your needs – what are your financial abilities and needs

Deadlines for application:

Fall Semester (September start) August 15th

Winter Semester (January start) November 15th

Applications will be accepted until those dates only and bursary cheques issued the first week of school.

Return completed application to: Administrative Support Worker

Family Based Care Department

 Bruce Grey Child and Family Services

 640 – 2nd Avenue East, Owen Sound, ON N4K 2G8

***The committee can only know you through the information that you provide to them. Please provide as much information as possible on the application and attach other documents where possible.***

***This is your opportunity to document your plans for the future and your opportunity to receive funds to assist you!***

PERSONAL INFORMATION:

 Name:

 Address:

 City:       Postal Code:

 Telephone:

 Cellular:

 Email Address:

 Date of Birth:

 Wardship Status:

ACADEMIC INFORMATION:

 Current School:

 Grade/Year:

 Expected date for completion

 of OSSD or GED:

 Confirmed Post Secondary

 Institution:

 Length of Program:

 Expected Graduation Year:

 Program Name:

YOUR FUTURE CAREER:

What do you plan to do after graduation? Please explain your career goals.

EMPLOYMENT INFORMATION:

 Do you currently have a job? Yes [ ]  No [ ]

 If yes, part-time or full-time? PT [ ]  FT [ ]

 Where do you work?

 Do you plan to work during the summer? Yes [ ]  No [ ]

 If yes, part-time or full-time? PT [ ]  FT [ ]

If you are employed, how much do you hope to save towards your education?

 Do you plan to work while going to school? Yes [ ]  No [ ]

 If yes, part-time or full-time? PT [ ]  FT [ ]

How much do you intend to contribute to your monthly costs from this employment?

Have you applied for other financial assistance? (other bursaries, OSAP, scholarships)

Yes [ ]  No [ ]  If yes, please specify:

Have you been notified of successful bursaries/scholarships?

Yes [ ]  No [ ]  If yes, please specify:

Does BGCFS currently give you any financial assistance?

Yes [ ]  No [ ]  How much?

Please outline your estimated expenses for the school year:

 Tuition Costs:       per semester       per year

 Accommodation/Residence Costs:       per semester       per year

 Books and School Supplies:       per semester       per year

 Food and Basic Living Costs:       per month       per year

 Transportation:       per month       per year

 Other (please specify):       per month       per year

 Other (please specifiy):       per month       per year

Details of any unusual expenses:

If you receive this bursary, what will you use it for?

Tell us about yourself and describe any personal challenges you have overcome.

Describe your interests, extracurricular activities, hobbies, volunteer activities, etc.

Why do you feel you deserve this bursary?

Additional information (expand on any details or exceptional circumstances).

I certify that the above has been completed to the best of my knowledge and ability.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worker’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only:**

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_