

RE-APPLICATION for BGCFS BURSARY

PERSONAL INFORMATION:

Name:

Date of Birth:

Address:

City:       Postal Code:

Telephone:

Cellular:

Email Address:

BGCFS Worker’s Name

(if applicable):

ACADEMIC INFORMATION:

What educational institution will you be attending in the fall?

Program Name:

Year of Program:

Anticipated graduation date:

What was your overall grade average last year?

Do you currently hold any other post-secondary certificate or diploma?

Yes  No

If yes, please provide the name of the educational institution and program name/length of course and graduation year:

What are your career goals for the future?

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

Details of any unusual expenses:

***Please ask your worker (current or former) to provide you with a reference for continuation of your bursary.***

A completed re-application must include the following:

* re-application form;
* reference from the worker;
* copy of most recent school transcript; and
* confirmation of continued enrollment.

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

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_