



IODE Canada
40 Orchard View Blvd., Suite 219
Toronto, ON M4R 1B9
iodeinfo@bellnet.ca
www.IODE.ca

APPLICATION FOR RENEWAL OF IODE LABRADOR BURSARY
Awarded for ability and financial need
For 2018-2019 academic year – Maximum \$1,000

INSTRUCTIONS:

1. Please print clearly. The application may be downloaded at www.IODE.ca.
2. Application **MUST** reach IODE Head Office by **01 March 2018**.
3. A report of academic progress from an advisor or professor must be mailed or sent by E-mail to reach Head Office at addresses above by **15 March 2018**.
4. Current transcript of marks **MUST** be sent by university or college by **15 March 2018**.
 directly to: iodeinfo@bellnet.ca, c/o Rose Carolyn Smith, Chairman, Labrador Bursary Committee
5. Arrange for year-end transcripts to be sent as soon as possible. Provide proof of continuing registration immediately when the renewal term begins.

Name _____

Home Address _____ **Town** _____ **Postal Code** _____

Telephone _____ **E-mail** _____

Student Address _____

Telephone _____ **E-mail** _____

Student Number _____

University/College _____ **Location** _____

Name of Course _____ **Expected Date of Graduation** _____

Plans for Next Term: Are you continuing in same course? Yes No. If **NO** state reasons for change _____

Names and ages of siblings still supported by family:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Approximate family income from all sources: Below \$30,000 \$30,000 – \$45,000
 \$45,000 - \$60,000 \$60,000 - \$90,000 \$90,000 up

Are you eligible for government or other funding? Yes No If **yes**, give full details including source of funding and the amount.

Amount \$ _____

Source; _____

Is this a loan? A non-repayable grant, bursary or scholarship?

(Over)

Are you receiving other scholarships or bursary money during the current academic year?

Yes No If **yes**, provide source and the amount.

Source: _____ \$ _____

Do you anticipate receiving this next year? Yes No

Does your loan/grant/bursary scholarship limit the amount of other financial assistance you may accept?

Yes No If **yes**, state the amount allowed: \$ _____

Has family financial situation changed since your original application? Yes No

If **yes**, please explain. _____

Estimate amount of financial assistance expected from family. \$ _____

Do you expect to have a summer job? Yes No If **yes**, give details. (Type of work, estimated income, etc.) _____

Do you plan to work during the coming school year? Yes No If **yes**, give details.

Names of recipients will be recorded in the IODE Canada annual report, may be published in *Echoes*, the magazine of IODE Canada and may be used for publicity purposes and hereby give permission for my name to be so recorded.

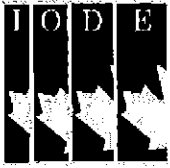
Signature of Student

Date

Recipients are expected to keep in touch with IODE during the academic year. Please keep the office informed of change of address as soon as you move.

Be sure you have done **ALL** that is required.

1. Complete and forward Application for Renewal by **01 March 2018**.
2. Arrange for a professor or advisor to write a letter outlining your progress, to arrive by **15 March 2018**
3. Request the University/College to send a current transcript to IODE by **15 March 2018**.
4. Arrange for year-end transcripts to be sent as soon as possible.



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APPLICATION FOR IODE LABRADOR BURSARY
Awarded for Ability and Financial Need
For 2018-2019 Academic Year - Maximum \$1,000

INSTRUCTIONS:

1. Please print clearly. A copy of this application form may be downloaded at www.IODE.ca.
2. Application **MUST** reach Director of Education by **01 February 2018**.
3. A letter from a parent or guardian indicating approval of the applicant's education plans **MUST** accompany this application.
4. Under separate headings, describe your career goals, extracurricular interests and volunteer activities and attach to this application.

Name _____

Home Address _____ **Town** _____ **Postal Code** _____

Telephone _____ **E-mail** _____

Citizenship _____ **Date of birth** _____

Schools attended (K-graduation)

1. _____

2. _____

3. _____

Expected date of secondary graduation _____

Grade point average for Grade 11 _____

Grade point average or average for 1st term Grade 12 _____

Name of father or guardian _____ **Occupation** _____

Name of mother or guardian _____ **Occupation** _____

Names and ages of siblings still supported by family:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Approximate family income from all sources: Below \$30,000 \$30,000 – \$45,000

\$45,000 - \$60,000 \$60,000 - \$90,000 \$90,000 up

(over)

Are you eligible for government or other funding? Yes No

If **yes**, give full details including source of funding and the amount.

Amount \$ _____

Source: _____

Is this a loan? A non-repayable grant, bursary or scholarship?

University/College applied to _____

Reason for your choice _____

Course of Study _____

Length of course _____

Why did you choose this course? _____

Do you anticipate receiving other scholarships or bursary money? Yes No

If so, provide source and expected amounts:

Source: _____

Expected Amounts: _____ Length of Time _____

Does your loan/grant/bursary/scholarship limit the amount of other financial assistance you may accept?

Yes No

Estimated cost per year of:

1. Tuition _____ 2. Student Fees _____ 3. Accommodation _____

4. Meals _____ 5. Additional Expenses (books, transportation, etc.) _____

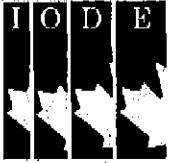
I acknowledge that the names of recipients will be recorded in the IODE Canada annual report, may be published in *Echoes*, the magazine of IODE Canada, and may be used for publicity purposes and hereby give permission for my name to be so recorded.

Recipients are expected to keep in touch with IODE during the academic year. Please keep IODE Head Office informed of change of address as soon as you move.

Signature of Applicant

Date

NOTE: Be sure you have done **ALL** that is required as instructed on page one



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PRINCIPAL'S ASSESSMENT FORM FOR IODE LABRADOR BURSARY APPLICANT
Awarded for Ability and Financial Need
For 2018-2019 Academic Year

Deadline date for assessment to reach Director of Education **01 February 2018**
 Deadline date for assessment to reach IODE Head Office **01 March 2018**

School Board **Name of Director of Education**

Name of Student **Name of Principal**

Name and Address of School

Telephone **E-mail**

Appraisal of student's academic ability. *Please forward student's transcript by e-mail.*

Further Comments:

Are parents supportive of these academic goals? _____ Please give additional information that would assist the Selection Committee. _____

Financial Circumstances:

1. Is student eligible for government or other funding? Yes No

If YES, give full details including source of funding and amount

Source: _____ \$ _____

2. Ability of family to help with applicant's expenses: _____

Signature of Principal

Date _____

Remarks by Director of Education _____

Signature of Director of Education _____ **Date** _____

