



IODE Canada
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**APPLICATION FOR
 IODE LABRADOR BURSARY
 Awarded for Ability and Financial Need
 For 2015-2016 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 2015**.
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 school graduation: _____
Grade point average or 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 amount.

Source: _____
_____ \$

Is this a loan? Yes No Is this a non-repayable grant? Yes No

Is this a scholarship? Yes No

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 loans, scholarships or bursary money? Yes No

If YES, provide source and expected amounts:

Loan Source: _____ Term: _____ Amount: \$ _____

Scholarship Source: _____ Term: _____ Amount: \$ _____

Bursary Source: _____ Term: _____ Amount: \$ _____

Does your loan/grant/ bursary/scholarship limit the amount of other financial assistance you may accept? Yes No

Estimated costs 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.

Winners 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.



**PRINCIPAL'S ASSESSMENT FORM
 FOR IODE LABRADOR BURSARY APPLICANT
 Awarded for Ability and Financial Need
 For 2015-2016 Academic Year**

NOTE:

- Deadline date for assessment to reach Director of Education: **01 February 2015**
- Deadline date for assessment to reach IODE Head Office: **01 March 2015**
- **Please forward student's transcript by e-mail to: iodeinfo@bellnet.ca**

Student Name: _____ **School Board:** _____

Name of Director of Education: _____

School: _____ **Address:** _____

Name of Principal: _____ **E-Mail:** _____

School Telephone: _____ **School E-mail:** _____

Appraisal of student's academic ability:

Further Comments:

Are parents supportive of these academic goals? Yes No 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:** _____