



The Joyce Foundation Bursary APPLICATION

JOYCE
FOUNDATION

This application **MUST** be received by *June 17, 2016*

This application can be completed by an Endorser if required -- see below section.

APPLICANT INFORMATION

Name: _____

Address: _____

Phone #: (H) _____ (C) _____

E-mail: _____

SCHOOL INFORMATION

Name of Secondary School: _____

School Location: _____

Secondary School Graduation Date: _____

Have you applied for a College program? If yes, please indicate: _____

PROGRAM INFORMATION

Program: _____

Campus: _____

If you have not completed a College application, please indicate program of interest:

Program: _____

Campus: _____

**Endorser is a person who is recommending a student for The Joyce Foundation Bursary. The endorser can be a current or past teacher, principal or guidance counsellor; it can be a current or past employer or supervisor; parent or relative or it can be any current or past mentor who has helped or provided guidance or support to a student in a meaningful way.*

ENDORSER'S INFORMATION (IF APPLICABLE PLEASE COMPLETE)

Name: _____

Address: _____

Phone #: (H) _____ (C) _____

E-mail: _____

Position: _____

Name of Secondary School: (if applicable) _____

MENTOR INFORMATION (MUST BE COMPLETED)

Name: _____

Address: _____

Phone #: (H) _____ (C) _____

E-mail: _____

Note: The mentor will be contacted by the college verifying the contact information.

** A mentor is a person who will continuously support and assist you throughout your college education. Some examples are a current teacher, business leader, clergy member, family member, community agency worker, or guidance counsellor.*

AWARD INFORMATION

The Joyce Foundation Bursary Program

Donor: The Joyce Foundation
Number of Awards: Varies
Value: \$4000 per year maximum
Criteria: Available to full-time students entering their first year of study in any certificate or diploma level program at any campus of College of the North Atlantic. The bursary will be a renewable bursary of up to a maximum \$4,000 per year (*based on the specific program requirements*), for a maximum of three (3) years providing the recipient continues to maintain full-time status and meet eligibility requirements. Must meet **ALL** criteria below:

- Demonstrate financial need;
- Enrolled in a full-time program at the College;
- Residents of Newfoundland and Labrador and have graduated from a secondary school in the province;
- In the final year of high school or have graduated within the last 12 months, with confirmation of enrolment at the College for the Fall semester;
- Maintain clear academic standing
- Commit to work with at least one identified mentor

A mentor is a person who will continuously support and assist you throughout your college education. Some examples are a current teacher, business leader, clergy member, family member, community agency worker, or guidance counsellor.

Note: Applicant must provide the name and contact of mentor to be eligible

Applicant Checklist

- A recent copy of applicant's report card for final year of high school is attached
- A reference form is attached
- A Student Financial Statement form is attached
- A mentor is identified and their contact information is provided
- I am a resident of Newfoundland and Labrador

***This bursary application form and all required documents
must be mailed by June 17, 2016 to:***

*Sandra Lewis
Chairperson, Provincial Awards Committee
College of the North Atlantic
P.O. Box 5400
Stephenville, NL A2N 2Z6
Fax (709) 643-7959 Tel (709) 643-7880*

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Declaration

I hereby make the following declaration:

1. I intend to be a full-time student for the academic year/semester in which this application is made.
2. I have answered all questions, which are applicable to me, and the answers given by me are true.
3. I understand that if selected for an award / scholarship/ bursary I will be required to provide my Social Insurance Number, so that a T4A may be issued for income tax purposes.
4. I am a resident of Newfoundland and Labrador.

Permission is hereby granted for the Awards Committee to obtain any further information required from appropriate individuals or agencies.

I further acknowledge that my personal information (i.e. photo, name, program and home community) may be shared with the donor of this award and can be used by CNA for promotional purposes.

The personal information that you provide to College of the North Atlantic is collected under the authority of the College Act 1996 and the Access to Information and Protection of Privacy (ATIPP) Act. The college's Student Services Department and the Alumni & Advancement Office are collecting your personal information to process the scholarship application. The personal information you provide may be disclosed to the donor. Collected personal information is protected from unauthorized access, collection, use and disclosure in accordance with the ATIPP Act and can be reviewed or corrected on request. Questions regarding the collection of this personal information can be directed to the college's Manager of Alumni & Advancement, Alumni & Advancement Office, College of the North Atlantic, 1 Prince Philip Drive, P.O. Box 1693, St. John's, A1C 5P7, NL, Canada, 709-758-7515.

I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.

Signature of Applicant

Date



The Joyce Foundation Bursary Student Financial Statement

The personal information that you provide to College of the North Atlantic is collected under the authority of the College Act 1996 and the Access to Information and Protection of Privacy (ATIPP) Act. The college's Student Services Department and the Alumni & Advancement Office are collecting your personal information to process the scholarship application. The personal information you provide may be disclosed to the donor. Collected personal information is protected from unauthorized access, collection, use and disclosure in accordance with the ATIPP Act and can be reviewed or corrected on request. Questions regarding the collection of this personal information can be directed to the college's Manager of Alumni & Advancement, Alumni & Advancement Office, College of the North Atlantic, 1 Prince Philip Drive, P.O. Box 1693, St. John's, A1C 5P7, NL Canada, 709-758-7515.

NOTE	The more accurate and detailed information you provide, the better your need can be assessed. If a section is not applicable to you, please put "N/A" in that section. Incomplete applications will not be processed.		
STUDENT INFORMATION			
Student's Last Name	First	Middle	Age
Student Number:	Campus:	Program:	Year: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd
Permanent Address:			
Local Address:			
	Primary phone number: ()		
	Alternate phone number: ()		

IF YOU ARE DEPENDENT ON (OR LIVING WITH) PARENTS/GUARDIANS, COMPLETE THE FOLLOWING SECTION			
Father's/Guardian's Name:	Occupation:	Employment status: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Seasonal	
P.O. Box/Street:	City/Town:	Province:	Postal Code:
Mother's/Guardian's Name:	Occupation:	Employment status: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Seasonal	
P.O. Box/Street:	City/Town:	Province:	Postal Code:
Parents'/Guardians' combined income:	\$	Number of dependents attending post-secondary (including applicant):	

IF YOU ARE MARRIED/COMMON-LAW, COMPLETE THE FOLLOWING SECTION			
Spouse's Name:	Occupation:	Employment status: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Seasonal	
P.O. Box/Street:	City/Town:	Province:	Postal Code:
Spouse's income:	\$		

IF YOU HAVE DEPENDENTS, COMPLETE THE FOLLOWING SECTION		
Name (First Name and Last Name)	Relationship to Applicant	Age

STATEMENT OF FINANCIAL NEED

Financial need will be determined from the budget below. The Newfoundland Student Aid brochure may be used as a guide regarding educational costs and available resources (www.ed.gov.nl.ca/studentaid) www.canlearn.ca is also a good site for parents/students to register to estimate student.

The Estimated Resources Section MUST be completed. If a section is not applicable to you, please put "N/A" in that section. Incomplete applications will not be considered.

Estimated costs **MUST** be stated by a 15-week semester (i.e. Rent at \$100 per week must be stated as \$1500)

Estimated Resources		Estimated Expenses	
Amount based on 15 week semester	Amount Per Semester	Amount based on 15 week semester	Amount Per Semester
Personal Contribution		College Expenses	
Savings / Stocks / Bonds / RESP / RRSP		Tuition and Fees	
Income from employment while attending school (During a 15 week semester)		Books	
15 week income from investments, rental property , etc.		Equipment and Supplies	
EI benefits per semester while studying		Field Trips	
Funding from Gov't or Other Agency: Specify agency: _____		Health & Dental Insurance	
Canada Student Assistance (per semester)		Transportation Expenses	
NL Grant Assistance (per semester)		Transportation –local: (i.e.: bus pass, taxi, car pool)	
Bursaries, Scholarships, and Awards		Transportation- personal: (i.e.: gas / insurance / car payment/ maintenance)	
Tuition Vouchers (SWASP, etc.)		Other (please, specify): _____	
Other income: _____		Living Expenses	
Debt-Related Resources		Room / Apartment / Residence / Rent	
Canada Loan (per semester)		Food / Meal Plan	
Credit Card/Bank Loan/Student Line of Credit		Utilities (i.e. Heat & Lights)	
Other(please, specify): _____		Telephone / Internet	
Other Contributions		Child Care	
Contributions from parents/guardians		Other Expenses	
Contributions from spouse		Other (i.e.: medical cost not covered under insurance plan) _____	
Other income: _____		Other(please, specify): _____	
TOTAL Resources Per Semester	\$	TOTAL Expenses Per Semester	\$

Please provide information on any special circumstances that you feel should be considered in your case that are not accurately reflected in the financial statement:

I hereby make the following declaration:

1. I have answered all questions, which are applicable to me, and the answers given by me are true.
2. I shall be a full-time student for the academic year/semester in which this application is made.
3. Financial assistance is essential to enable to continue my education.
4. I have stated my financial situation based on a 15 week period.

Permission is hereby granted for the Awards Committee to obtain any further information required from appropriate individuals or agencies.

Signature of Applicant _____

Date _____



The Joyce Foundation Bursary Reference Form

**A reference person can be the endorser or mentor or it can be someone else who can provide a valid reference for the applicant.*

APPLICANT'S NAME: _____

(To be completed by Reference person)

Please indicate how long and under what circumstances you have known the applicant:

Explain why you believe this individual is a worthy candidate for this bursary:

**If you require more space, please attach a separate sheet.*

REFERENCE INFORMATION: *(please print)*

Name: _____ **Telephone:** _____

E-Mail Address: _____

Signature: _____ **Date:** _____

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