

FRANK FINDLAY TRUST FUND BURSARY

APPLICATION PROCEDURES AND CRITERIA

- ❖ The student must have graduated from a public secondary school under the jurisdiction of the former Kent County Board of Education.
- ❖ Students may submit an application for *the Frank Findlay Trust Fund Bursary* each semester they are attending a post-secondary school program.
- ❖ Students may apply for the bursary in each year of post-secondary education but may be ineligible to receive bursaries two consecutive years in a row (*depending upon the number of applications received and funds available*).
- ❖ **A most recent transcript of marks MUST be attached to this application before it is submitted for consideration.**
- ❖ Students must forward the completed application to the Principal of the public secondary school from which they graduated. Principals are then asked to confirm the student's graduation from the school by signing the form and return it to the student or forward it to the Administrator – Chatham-Kent Public Education Student Assistance Foundation.
- ❖ There is an expectation that students will return bursaries if they quit school or withdraw from their educational program during the term for which the bursary was received.
- ❖ Applications must give an indication of how the student is funding his/her education, in addition to an estimate of expenses; OSAP and other income-related information may be requested if not apparent on the application form.
- ❖ A T4A slip will be issued, by TD Canada Trust, to all students receiving a Frank Findlay Bursary.

**APPLICATIONS MUST BE COMPLETE,
WITH A COPY OF YOUR MOST RECENT TRANSCRIPT OF MARKS,
AND RECEIVED IN THIS OFFICE BY THE DEADLINE DATES
(INDICATED ON PG. 1)
IN ORDER TO BE CONSIDERED.**

| | |
|---|----------------------------------|
| Date: _____ <div style="text-align: center; font-size: small;"> year month day </div> | Please check ONE box only |
| Study Period Applied For: FALL <input type="checkbox"/> WINTER <input type="checkbox"/> INTERSESSION/SUMMER <input type="checkbox"/> | |
| Application Deadlines: August 31 November 30 April 30 | |

PERSONAL DATA

| | | | | | |
|-------------------------|--|----------------|---|--------------|-----------------------------|
| LAST NAME: | | GIVEN NAME: | | INITIAL: | SOCIAL INSURANCE NO. / / |
| Permanent Home Address: | | | Address While Attending School: | | |
| Postal Code: | | | Postal Code: | | |
| Home Phone & Area Code: | | | Phone & Area Code While Attending School: | | |
| Birth Date: | | Marital Status | Sex | Citizenship: | |

EDUCATIONAL DATA

| | | |
|--|---------------|--|
| Graduated from the following Kent County Board of Education Secondary School:: | | Leaving Date |
| Name of Post-Secondary Educational Institution Enrolled in: | | |
| Name of Course: | Course Length | Presently Enrolled in: 1 st year <input type="checkbox"/> 2 nd year <input type="checkbox"/> 3 rd year <input type="checkbox"/> 4 th year <input type="checkbox"/> post-grad <input type="checkbox"/> |
| What percentage of a full course load are you taking? | | |

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Please indicate the costs applicable *only to the term for which you are applying.*

| COST PER TERM: | NOT LIVING AT HOME <input type="checkbox"/> | LIVING AT HOME <input type="checkbox"/> |
|-----------------------|--|--|
| TUITION _____ | RESIDENCE _____ | FOOD _____ |
| BOOKS _____ | FOOD _____ | TRANSPORTATION _____ |
| OTHER _____ | UTILITIES _____ | BOARD _____ |
| _____ | TRANSPORTATION _____ | OTHER _____ |
| _____ | RENT _____ | _____ |
| _____ | OTHER _____ | _____ |
| _____ | _____ | |
| | | TOTAL EXPENSES |
| | | PER TERM: _____ |

EMPLOYMENT AND FINANCIAL DATA

1. If you are continuing post-secondary education without interruption to your educational program excluding summer vacation, please complete the following:

| | | | |
|---|----------|-------------|--------------------------|
| A) Where employed during summer | How Long | Rate of Pay | Estimated Gross Earnings |
| B) Where employed part time during school | How Long | Rate of Pay | Estimated Gross Earnings |

2. If you are returning to school after a break in your education, please complete the following:

| | | | |
|-------------------|----------|-------------|--------------------------|
| A) Where employed | How Long | Rate of Pay | Estimated Gross Earnings |
|-------------------|----------|-------------|--------------------------|

3. Other income: e.g. Social Assistance, Pension, Government Income, Benefits, Bursaries or Scholarships.

| | |
|-------------------|--------|
| A) Type of Income | Amount |
| | |

4. Have you received or are you expecting to receive a loan from the Ontario Student Assistance Plan?

YES ☐ NO ☐

If yes, AMOUNT _____

5. Support from non-custodial parent or other relative?

If yes, AMOUNT _____

PLEASE COMPLETE THE APPROPRIATE SECTION IF APPLICABLE TO YOUR SITUATION (QUESTION 6 OR 7)

6. Information about Applicant's Parents / Step-Parents / Guardians

A) List all dependent children during study period applied for, including applicant.

| Dependent's Name(s) | Age | School Presently Attending |
|---------------------|-----|----------------------------|
| | | |
| | | |
| | | |

B) Employment status of father in previous year: EMPLOYED _____ OTHER _____

C) Employment status of mother in previous year: EMPLOYED _____ OTHER _____

D) Did either of your parents file an income tax return in the last 12 months? YES ☐ NO ☐

E) Gross income of both parents in the last 12 months

| | | |
|---------------------|----------|--------------|
| Father's Occupation | Employer | Gross Income |
| Mother's Occupation | Employer | Gross Income |

DECLARATION OF PARENTS / STEP-PARENTS / GUARDIANS

I/we declare that all information contained in section 6 is true and complete in all respects.

Date

Signature of Parent / Step-Parent / Guardian

Signature of Parent / Step-Parent / Guardian

EMPLOYMENT AND FINANCIAL DATA (cont'd.)

7. Information about Applicant's Spouse / Dependents

| | | | | |
|-----------------------------|---------------------------|------------------------------|-------|--------|
| A) Date of Marriage (Y/M/D) | B) No. Dependent Children | C) Full Name of Spouse: Last | Given | Middle |
|-----------------------------|---------------------------|------------------------------|-------|--------|

D) Employment status of spouse in previous year: EMPLOYED _____ OTHER _____

E) Did your spouse file an income tax return in the last 12 months? YES ☐ NO ☐

F) Gross income of spouse in the last 12 months:

| | | |
|---------------------|----------|--------------|
| Spouse's Occupation | Employer | Gross income |
|---------------------|----------|--------------|

DECLARATION OF SPOUSE

I declare that all information contained in Section 7 is true and complete in all respects.

Date

Signature of Spouse

PERSONAL ASSETS & LIABILITIES DATA

1. Do you own real estate? YES ☐ NO ☐ If yes, give details.

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| |

2. Do you have any investments? YES ☐ NO ☐ If yes, give details.

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3. Please list cash on hand, bank accounts, etc.

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4. Do you have any outstanding loans or debts? YES ☐ NO ☐ If yes, give details.

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5. Do you have other unusual major expenses? Give details.

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BRIEFLY EXPLAIN WHY YOU FEEL YOU SHOULD RECEIVE THIS BURSARY

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|---|
| Please write a short summary describing your academic achievements, and financial need: |
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NOTE: A most recent transcript of your marks must be attached to this application before it is submitted for consideration.

PRINCIPAL'S SIGNATURE: _____

The Principal of the public secondary school you graduated from must sign this application.

DECLARATION OF APPLICANT:

I declare that the information contained in this application is true and complete in all respects.

Signature of Applicant

Date

Applicant's Email Address: _____

PLEASE SUBMIT APPLICATION TO:

Mrs. J. Hastings - Administrator
Chatham-Kent Public Education Student Assistance Foundation
Lambton Kent District School Board
200 Wellington Street, P.O. Box 2019
Sarnia, ON. N7T 7L2
Email: Joyce.Hastings@lkdsb.net
Phone: 519-354-3775, Ext. 31431
Fax: 519-337-0613

Personal information contained on this form is collected under the authority of the Education Act, Articles of Association and Last Wills and Testaments (Bequests).

Bursary recipients will receive a T4A from TD Canada Trust for all cheques issued in their name.

Questions about the collection of this information should be directed to J. Hastings.