

# Dream Fund

## Reach for Success Bursary



The Dream Fund is an educational bursary for former youth in care who plan to pursue an academic, vocational training, secondary, upgrading programs, or personal/professional success activity.

There are currently two bursaries that the Dream Fund offers:

1. The **Education Achievement Bursary** assists young people in and from care with the financial costs of tuition, books and supplies for post-secondary academic, technical or academic upgrading. *This post-secondary bursary is available to a maximum of \$2,500 per semester.*
2. The **Reach for Success Bursary** assists young people in and from care with personal or professional development by helping them to participate in extracurricular activities, workshops, tutoring, conferences, as well as other skill building activities. *This is a bursary for one-time only or short-term courses to a maximum of \$500 per year.*

*Note: These bursaries will be sent directly to the school, host agency, or individual trainer for tuition or registration fees, books and supplies, according to the dates listed below, however, if the funds are needed earlier to meet school fee deadlines, the applicant should inform the Selection Committee immediately.*

Successful applicants will be selected on the following criteria:

### ELIGIBILITY:

#### Reach For Success Bursary

1. You are a former youth in care either under a continuing custody order (CCO) or temporary custody order (TCO, Voluntary Care Agreement or Special Care Agreement) or Youth Agreement in B.C. under the Child, Family and Community Services Act.
2. You are a Canadian Citizen or a Landed Immigrant.
3. You are under the age of 25.
4. You are currently enrolled or are planning to enroll in a personal or professional development course or activity.

### REQUIRED DOCUMENT:

#### Reach For Success Bursary

##### One reference letter

This can be from a school teacher, advisor, counsellor, worker, employer, family member, or other supportive adult in your life.

**HOW TO APPLY:**

- Complete this application form and provide as much detail as possible. Incomplete applications will not be considered.
- Completed application forms and all original attachments must be received by mail or in person before the second Friday of March, July and October.

*Note: Keep a photocopy of your application for your own records.*

Application packages should be dropped off or mailed to:

**FBCYICN**  
**Dream Fund Selection Committee**  
**55 8<sup>th</sup> Street**  
**New Westminster, BC**  
**V3M 3N9**

Applications received after the deadline will not qualify for consideration. Successful applicants will be advised of the status of their application by a written letter within 2 weeks of the application deadline. Please inform us immediately if you move or change your contact information. If we are not able to connect with you, you will not qualify for consideration.

Questions or assistance about the Dream Fund application process, please contact:

Youth in Care Program Manager – Dream Fund:

604-527-7762

Toll Free: 1-800-565-8055

[dreamfund@fbcyicn.ca](mailto:dreamfund@fbcyicn.ca)



# FBCYICN DREAM FUND APPLICATION FORM

## Reach for Success Bursary

Personal/Professional Development

### PERSONAL INFORMATION:

Full Name \_\_\_\_\_

Birth date \_\_\_\_\_ DAY / MONTH / YEAR \_\_\_\_\_ Age \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Address while in school (if different) \_\_\_\_\_

### CARE STATUS INFORMATION:

1) Please describe your most recent status with the Ministry of Children and Family Development (MCFD):

|   |              |            |
|---|--------------|------------|
| a) Continuing Care Order (CCO or Permanent Ward): | From (year): | To (year): |
|---|--------------|------------|

OR

|   |                             |
|---|-----------------------------|
| b) Temporary Care Order (TCO, Voluntary Care Agreement, Special Care Agreement) or Youth Agreement: | Total years/months in care: |
|---|-----------------------------|

### 2) Social Worker Information

In order to verify your care status, we require either a letter from the Ministry of Children and Family Development (or a Delegated Aboriginal Agency) that confirms your care status and how long you were in care for or we will need to follow-up with your current/last Social Worker. Please note, application packages that include this letter from MCFD will be processed faster than those that require Social Worker follow-up.

Name of your most recent Social Worker / Delegated Agency Worker: \_\_\_\_\_

Worker Phone #: \_\_\_\_\_

Social Worker / Delegated Agency Worker Office Address: \_\_\_\_\_

[MCFD contact numbers can be found on [www.gov.bc.ca/mcf/](http://www.gov.bc.ca/mcf/) – Delegated Aboriginal Agencies can be found on MCFD website [www.mcf.gov.bc.ca/about\\_us/aboriginal/delegated/index.htm](http://www.mcf.gov.bc.ca/about_us/aboriginal/delegated/index.htm) on the left side of the webpage, hit Delegated Agency List].

**INSTITUTION INFORMATION:**

Name of School or Institution: \_\_\_\_\_

Name of Program/Course/Conference: \_\_\_\_\_

Date(s) of Program/Course/Conference: \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

**Please also submit a copy of your Letter of Acceptance from the school(s) you will be attending, or some form of registration confirmation.**

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**PURPOSE OF REACH TO SUCCESS BURSARY:**

How will this bursary benefit you?  
(One page maximum)

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**HOW DID YOU HEAR ABOUT THE FBCYICN DREAM FUND:**

FBCYICN Staff Presentation     FBCYICN Website     SCM or other event     Social/Youth Worker     Power Pages

Other (please describe) \_\_\_\_\_

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**WHAT OTHER FBCYICN SERVICES WOULD YOU BE INTERESTED IN LEARNING MORE ABOUT?**

Education     Local Development     Power Pages     Steering Committee Meetings     Transitions     Public Speaking

Other (please specify) \_\_\_\_\_

## COMPLETE APPLICATION CHECKLIST:

- Completed Application (pages 3 and 4 of this document)
- One page describing how will this bursary will benefit you
- One reference letter (eg. teacher, advisor, counsellor, worker, employer, family members or other supportive adults).
- Letter of Acceptance from the school or agency you plan to attend, or a copy of your confirmation of enrollment.
- Letter from the Ministry of Children and Family Development or Delegated Aboriginal Agency confirming your care status and how long you were in care.

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## APPLICANT'S DECLARATION (signed by applicant):

By signing this application form, I hereby verify that the information that I have provided is true. Should any part of the information included in this application package change for any reason, I agree to immediately alert the Dream Fund Selection Committee of these changes. I also consent to the Dream Fund Selection Committee verifying that I have been in the care of the Ministry of Children and Family Development or a Delegated Aboriginal Agency.

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Signature

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Date

By signing this section I agree to allow my name, age and city to be published in the Power Pages, a tri-annual newsletter that is distributed provincially to youth in and from care and service providers. If you have questions or concerns please visit our website at [www.fbcyicn.ca](http://www.fbcyicn.ca) or contact us at 1-800-565-8055.

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Signature

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Date

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Please mail or drop off the complete application package to:

**Dream Fund Selection Committee  
Federation of BC Youth in Care Networks  
55 8<sup>th</sup> Street  
New Westminster, BC V3M 3N9**

If you need assistance filling out this or other education-related application forms, please contact:

**Youth in Care Program Manager – Dream Fund  
[dreamfund@fbcyicn.ca](mailto:dreamfund@fbcyicn.ca)**

**604.527.7762 or Toll Free 1.800.565.8055**

\* The complete application package must be received by 4:30pm for all application deadlines.

\* Note: Faxed or emailed copies will not be accepted. Incomplete applications or those received after the application deadline will not be considered.