

BURSARY APPLICATION

Please be as detailed as possible in filling out this application. The more details and thought provided, the easier it will be to review your submission. **ALL** sections of this form must be completed to be eligible for the bursary. **An unfinished application will delay the processing and approval of your application.**

Completed Applications are due by Friday March 22nd 2024.
Please return your completed application to bursary@peelcas.org

First Name:

Last Name:

Date of Birth:

Age:

Phone Number:

Email:

Pronouns:

Full Address (including postal code):

CAS Status:

Name of Current or Former Social Worker:

Do you have and dependents(children)? YES NO

2023-2024 ACADEMIC INFORMATION

Please complete the section that corresponds with your **current student status**. You only need to **complete 1 of these sections**.

Section 1- Currently a High School Student about to graduate and start post-secondary school

Section 2- Returning to my education plans after taking a break

Section 3- Currently a post-secondary Student and continuing my education (continuing a program or starting a new program)

SECTION 1: Currently a High School Student about to graduate and start post-secondary school.

What School are you Graduating from:

What date do you expect to Graduate?

Month:

Year:

SECTION 2: Returning to my education plans after taking a break.

What year were you last in school:

Which school did you attend:

SECTION 3: Currently a post-secondary Student and continuing my education.

Please provide the following details about your program from the 2023-2024 school year

Program Name: Full Time Part Time

School Name: Year of Study:

Length of program:

2024-2025 ACADEMIC PLANS

All applicants to complete all sections below

Please provide details below based on the program you are planning to attend in this upcoming school year.

1. What Institution/School Type are you planning to attend in the 2024-2025 school year

- University
- Community College
- Apprenticeship/Trade Program
- Private College
- Other (please specify)

2. Please provide details of the program you will be attending in June 2024-May 2025

School Name: Full Time Part Time

Program of Study: Length of the Program:

3. Year of Study you are attending this upcoming school year:

- 1st Year
- 2nd Year
- 3rd Year
- 4th Year
- 5th Year +

4. Expected Graduation Year:

5. If you have not yet been accepted to a program, please list the school(s) and program(s) you have applied to:

School and Program: Full Time Part Time

School and Program: Full Time Part Time

School and Program: Full Time Part Time

- | | | |
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| 6. Have you previously received a bursary from PCAF? | Yes | No |
| 7. Have you completed a Financial Literacy Course? | Yes | No |
| 8. Have you attended a PCAS OSAP Lab? | Yes | No |

9. If you are in post-secondary, what successes have you experienced attending your program?

I am not in post-secondary yet

Independence

New educational learning

New friends

Involvement in extra-curricular programs such as clubs, sports, associations, etc

Other:

10. What challenges are you experiencing in your post secondary Program? Check all that apply:

I am not in post-secondary yet

Academically challenging courses

Housing

Transportation

Isolation/Loneliness

Self-care such as cooking, laundry, grocery shopping, etc

Financial Management

Challenging peer relationships

Other:

BACKGROUND, INTEREST AND EMPLOYMENT INFORMATION

Tell us about yourself in the following areas:

EMPLOYMENT (If you are working, please tell us about your job. If you are not currently working, please tell us about your internships/Co-op/volunteer placement experience):

COMMUNITY INVOLVEMENT/VOLUNTEERING (what have you participated/engaged in with your community)

HOBBIES AND INTERESTS (what are you passionate about, what do you enjoy doing in your spare time, etc)

CONFIDENTIAL REFERENCE

This reference should be completed by someone who knows the students well. This can include a Social Worker, employer, teacher, caregiver, friend or significant other.

Name of Applicant:

Name of Reference:

References Relationship to Applicant:

QUESTION: How would you describe this individual (personal qualities and attributes)? Tell us about the youths potential to succeed, their commitment to learning, money management abilities, community involvement and why this youth is deserving of this bursary.

Reference Acknowledgement:

I, _____, have reviewed the application above and confirm that my statement and the above information is accurate to the best of my knowledge.

Signature:

Date:



RELEASE FORM

2024 TRAILBLAZERS DONOR RECEPTION – potential use of photographs/information on agency internal publications (Peel CAS internal website) and with Bursary Donors

Applicants Name:

I understand by checking this box **I consent** Peel Children's Aid to permit the potential use of photographs/information in agency publications and Bursary Donor publications

I do not consent to the use of photos/information in agency publications and with Bursary Donors

Signature:

Date:

NEXT STEPS

Before submitting your application please ensure that all sections are completed. Applications are due by Friday March 22nd, 2024. Please send your completed application to bursary@peelcas.org

Once your completed application is submitted it will be reviewed. If you are assigned a bursary, you will be notified by letter via the email provided in this application. This bursary is valid for programs that occur between June 2024 and May 2025. You will be asked to provide the following documents before the bursary can be transferred to you.

1. A copy of your course schedule to demonstrate that you are a current/active full or part time student in the course you identified in your application. The document must have your name and program information visible.
2. A copy of your direct deposit banking information.

Please note, if you have been granted any exceptions from your school and/or program that may impact your course load or attendance, you will be asked to provide documentation that outlines the exceptions made in order to claim your bursary.

The foundation supports all your academic goals and understands that students may change courses and programs for various reasons. This will not exclude you from receiving a bursary, however it may require you to submit additional documents and/or receive your bursary in increments.

If sufficient evidence cannot be produced to validate any changes to your program or course, or other relevant facts, the foundation retains the right to send your bursary funds directly to your school rather than your personal account.

If you have any questions regarding your bursary, please email us at bursary@peelcas.org

APPLICANT ACKNOWLEDGEMENT

I, _____, acknowledge that the above information about myself and my program are accurate. I have read and understand my responsibility to complete this application and the requirements outlined above on how to claim my bursary.

Signature:

Date:

DID YOU KNOW?

If you return to school for any reason (change career paths, upgrade skills through courses/certificate programs, etc) you can apply for a bursary until you are 29 years old.