807-934-2202



Bursaries for New and Returning Post-Secondary Students

The Township remains committed to offering mentoring, training, skills and professional development opportunities in key areas that serve to build the capacity of our youth so they are best positioned to make application for and succeed in current and future employment opportunities.

Information:

- Applications for the 2020/2021 academic year will open June 22, 2020 and close on of August 21, 2020
- Incomplete application forms will not be processed.
- Applicants should be able to demonstrate there is a financial need.
- Bursaries will be payable for the second semester with proof of enrolment.
- The completed application form should be submitted or mailed to the Township office along with any supporting documents required by the stated deadline.

Township of Ignace 34 Highway 17 West, PO Box 248, Ignace, Ontario P0T 1T0

- Incorrect information provided on the application may be grounds for the application to be rejected.
- Bursaries range from \$1500.00 to \$2500.00

Program eligibility:

- Any full-time program from classroom, online learning, or distance education with a duration of at least two years.
- Special consideration may be given for Skill Trades Programs under two years.

| Please indicate the term for which you are applying | | | | | | | |
|--|--|--|--|--|--|--|--|
| Fall Winter Spring | | | | | | | |
| Personal Information | | | | | | | |
| Student ID Number Phone no Email | | | | | | | |
| Last Name First Name | | | | | | | |
| Living with parents during study term? | | | | | | | |
| Yes No | | | | | | | |
| OSAP student Status | | | | | | | |
| Single Dependent less than 4 years out of high school | | | | | | | |
| Single Independent more than 4 years out of high school | | | | | | | |
| Sole Support Parent | | | | | | | |
| Married/Common Law | | | | | | | |
| Have you applied for OSAP or other out of province funding this term? Yes No | | | | | | | |
| Section A: Parent(s)' Information | | | | | | | |
| Required documentation: Parent(s)' most recent Canada Revenue Agency (CRA) Notice of Assessment (NOA). | | | | | | | |
| Parent(s)' marital status Married Single Divorced / Separated Common-Law | | | | | | | |
| Number of dependents including applicant Number of dependents in post-secondary education | | | | | | | |
| Occupation | | | | | | | |
| Section B: Dependent Information | | | | | | | |
| Number of dependent children Ages of your dependents | | | | | | | |
| Do any of your children over the age of 16 have a permanent disability? | | | | | | | |
| | | | | | | | |

| Monthly Income / Resources | | Monthly Living Expenses | | |
|---|-------|---------------------------------|--|--|
| Include all sources of income such as employment, government income, interest income etc. | | MOITHING EXPENSES | | |
| | | Rent / Mortgage | | |
| Student's monthly gross income Proof required: most recent paystub | | Utilities | | |
| | | Phone | | |
| Source of income | Value | Food Personal Care | | |
| | | Clothing | | |
| | | Laundry and Dry Cleaning | | |
| Total student gross monthly income | | Public Transportation Childcare | | |
| | | | | |
| | | - | | |
| | | Total Monthly Living Expenses | | |
| | | Term Living expenses | | |
| | | Term Living expenses | | |
| | | Term Educational Expenses | | |
| | | Tuition | | |
| | | Compulsory fees | | |
| | | Books | | |
| | | Total educational | | |
| | | | | |
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| | | | | |
| For office use only | | | | |
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Section E: Declaration of Consent for Parents and Spouse

I authorize the Township of Ignace to release a copy of this application to the appropriate awards selection committee(s) and to the award donor, including copies of any income information attached to this application.

I understand that the collection of personal information provided on this application or accompanying documentation is used solely for the purpose of determining eligibility for bursary assistance.

I declare that all of the information that I have given on this form is complete, true, and accurate. If any information is inaccurate, I understand that any bursary funds may be reassessed and/or withdrawn.

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|-------------------------|--|------------------------|-------------------------------|-----------------|
| Parent 1 Signature - | | Date | | _ |
| Parent 2 Signature - | | Date | | _ |
| Spouse Signature | | Date | | _ |
| Section F: App | olicant's Declaration ar | nd Consent | | |
| | hip of Ignace to release a copy of or, including my academic record | | | |
| | my application for a university/co | | | |
| | responsible for providing all requested office. I understand that if I cursary. | | | |
| | e information that I have given on ursary awarded may be reassess | | curate. If any information is | s inaccurate, I |
| Applicant's Signature | | Date | | _ |
| Please submit comp | leted applications to: | | | |
| | Township of Ignace Award & Financia 34 Highway west 17 west P.O. Box. 248 Ignace, Ontario, Canada POT 1T0 807-934-2202 | | | |
| Checklist (incomple | te applications will not be cons | idered) | | |
| = | or the government financial aid progra | | | |
| = ' | proof of income for parent(s)/spouse/ | applicant? | | |
| Have you complete | d the budget? | | | |

Have you provided a detailed explanation of your financial situation?

Have you ensured all the required signatures are complete?