



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 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 to all students receiving a Frank Findlay Bursary.

SUBMISSIONS NOT RECEIVED BY THE DEADLINE DATES

SPECIFIED ON PAGE 1 OF THIS APPLICATION WILL NOT BE CONSIDERED.

FRANK FINDLAY TRUST FUND

APPLICATION FOR BURSARY

Date: _____ Please check **ONE** box only
year month day

Study Period Applied For: **FALL** **WINTER** **INTERSESSION/SUMMER**

Application Deadlines: **August 31** **November 30** **April 30**

PERSONAL DATA

LAST NAME:	GIVEN NAME:	INITIAL:	SOCIAL INSURANCE NO. / /
Permanent Home Address with City/Town:		Address While Attending School with City/Town:	
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?		

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
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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
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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
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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.

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

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

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

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

BRIEFLY EXPLAIN WHY YOU FEEL YOU SHOULD RECEIVE THIS BURSARY

Please write a short summary describing your academic achievements, and financial need:

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

PLEASE SUBMIT APPLICATION TO:

Mrs. J. Doyle - Administrator
Chatham-Kent Public Education Student Assistance Foundation
Lambton Kent District School Board
Chatham Regional Education Centre
P. O. Box 1000
Chatham, ON N7M 5L7
519 354-3775 (ext. 31201)
Fax: 519-354-0662

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. Doyle.