# Children's Fund: High School Bursary Program

## Student Application Form

Dear Student:

This program is to assist Grade 12 students in graduating. To apply you must be:

- 20 years old or younger;
- a resident of Calgary for at least the past six months;
- able to maintain a satisfactory full-time course load;
- financially in need through circumstances beyond your control.

Students applying for funding for their *final two (2)* semesters prior to graduation must have earned at least **65 credits**; if applying for their *final* semester prior to graduation students must have earned at least **80 credits**.

**You MUST speak with your school counsellor before completing this form.** Your counsellor should phone or email for an intake interview when you are ready to submit this form.

Kendall Quantz
Grants Manager
Burns Memorial Fund
Phone: 403-234-9399 | Fax: 403-233-0513
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**To complete your application, you must also provide:**

- The "Student's Counsellor Referral Form" completed by your high school counsellor with your most recent attendance report
- 2 pieces of identification (at least one picture ID)
- proof of your income
- proof of your parents' or guardians' income if you live with them
- a rent receipt or mortgage statement

**Please bring this documentation and the completed forms to your interview.**

## Student Information

FULL NAME

EMAIL

BIRTHDATE (DAY/MONTH/YEAR)

AGE

GENDER IDENTITY

PREFERRED PRONOUNS (EG: SHE/HER, HE/HIM, THEY/THEM, ETC.)

ADDRESS

CITY

POSTAL CODE

CELL PHONE NUMBER

HOME PHONE NUMBER

SCHOOL

GRADE

WERE YOU BORN IN CALGARY?

IF NO, WHEN DID YOU MOVE HERE? CANADA:

CALGARY:

## Parent / Legal Guardian Information

NAME OF FIRST PARENT/LEGAL GUARDIAN

OCCUPATION/SOURCE OF INCOME

ADDRESS (IF DIFFERENT FROM ABOVE)

CITY

POSTAL CODE

HOME PHONE NUMBER

CELL PHONE NUMBER

NAME OF SECOND PARENT/LEGAL GUARDIAN

OCCUPATION/SOURCE OF INCOME

ADDRESS (IF DIFFERENT FROM ABOVE)

CITY

POSTAL CODE

HOME PHONE NUMBER

CELL PHONE NUMBER

# Student Financial Situation

Please fill in the following information about your current employment:

| COMPANY NAME | JOB POSITION |
|---|---|
| HOURLY RATE | ANTICIPATED MONTHLY INCOME |

**LIST PREVIOUS EMPLOYMENT** (WITHIN THE PAST YEAR – FOR EXAMPLE A SUMMER JOB OR PART-TIME EMPLOYMENT)**:**

| |
|---|
| |

**NOTE: COMPLETE THE SECTION BELOW ONLY IF YOU ARE LIVING INDEPENDENTLY AND NOT WITH PARENTS / LEGAL GUARDIANS**

## Monthly Expenses

| | |
|---|---|
| **RENT / MORTGAGE** | **$** |
| **UTILITIES (ELECTRIC / WATER / GAS)** | |
| **PHONE** | |
| **FOOD** | |
| **TRANSPORTATION (GAS & CAR MAINTENANCE OR BUS PASS)** | |
| **DAY CARE / BABYSITTING** | |
| **CLOTHING** | |
| **PERSONAL CARE** | |
| | |
| **TOTAL FIXED MONTHLY EXPENSES:** | |

## Monthly Income

| | |
|---|---|
| **NET PAY FROM EMPLOYMENT** | **$** |
| **GOVERNMENT BENEFIT PAYMENTS (CANADA CHILD BENEFIT, ORPHAN'S BENEFIT, ETC.)** | |
| **SUPPORT PAYMENTS FROM PARENTS OR OTHER FAMILY** | |
| **OTHER INCOME (PLEASE SPECIFY):** | |
| | |
| | |
| **TOTAL FIXED MONTHLY INCOME:** | |

# Current Living Situation

Please fill in the following information about the people you currently live with:

**NAME** **AGE**

**OCCUPATION** **RELATIONSHIP**

**NAME** **AGE**

**OCCUPATION** **RELATIONSHIP**

**NAME** **AGE**

**OCCUPATION** **RELATIONSHIP**

**NAME** **AGE**

**OCCUPATION** **RELATIONSHIP**

Additional individuals in the home:

| NAME | RELATIONSHIP | AGE |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

# Family Financial Budget

**NOTE: COMPLETE THIS PAGE ONLY IF YOU ARE LIVING WITH PARENTS / LEGAL GUARDIANS**

**PLEASE ATTACH PROOF OF ALL INCOME LISTED AND A RENT OR MORTGAGE RECEIPT**

## Monthly Expenses

| | |
|---|---|
| RENT / MORTGAGE | $ |
| PHONE | |
| UTILITIES (ELECTRICAL / WATER / GAS) | |
| FOOD | |
| VEHICLE COSTS (GAS AND MAINTENANCE) | |
| TRANSIT PASSES | |
| DAY CARE / BABYSITTING | |
| MEDICAL | |
| EDUCATIONAL | |
| HOUSEHOLD | |
| OTHER: | |
| | |
| | |

**DEBTS/LOANS:**

| TYPE | TOTAL $ OWED | MONTHLY PAYMENT |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

| | |
|---|---|
| TOTAL FIXED MONTHLY EXPENSES: | |

## Monthly Income

| | |
|---|---|
| NET PAY FROM EMPLOYMENT: | $ |
| CANADA CHILD BENEFITS | |
| SOCIAL ASSISTANCE (AISH, INCOME SUPPORT, ETC.) | |
| EMPLOYMENT INSURANCE | |
| PENSION | |
| CHILD SUPPORT (CHILD MAINTENANCE PAYMENTS) | |
| OTHER: | |

| | |
|---|---|
| TOTAL FIXED MONTHLY INCOME: | |

| ASSETS | VALUE |
|---|---|
| VEHICLES: | $ |
| PROPERTY | |
| RRSP | |
| SAVINGS | |
| OTHER: | |
| TOTAL ASSETS | |

## Please answer the following questions:

1. What other agencies or people have you asked for assistance? How are they helping you?

2. Have you ever been convicted of a crime for which you have not received a pardon?
   If yes, please explain. (Please note that being convicted of a crime does not in itself disqualify a student for funding in this program.)

3. Have you, your friends or any member of your family been assisted by the Burns Memorial Fund?
   If yes, who?

4. Please indicate your post-secondary plans:

5. What courses are you enrolled in to complete your grade 12 requirements?

| |
|---|
| **FALL:** |
| **WINTER:** |
| **SUMMER:** |

6. How many credits do you currently have? (Please note: students applying for funding for their *final two* semesters prior to graduation must have earned at least **65 credits**; if applying for their *final* semester prior to graduation students must have earned at least **80 credits**.)

# Legal Declaration of Applicant

I hereby acknowledge my application for financial assistance from the Senator Patrick Burns Bursary Fund and I declare that:

a) I am under the full age of 20 years and a resident of the City of Calgary;
b) I shall be a full-time student at the institution named for the period stated;
c) Any assistance awarded will be used only for educational purposes;
d) If my circumstances as outlined in this application should change, I will notify the Senator Patrick Burns Bursary Program in writing;
e) I grant the Burns Trustees and staff the right to request and receive information pertaining to my academic performance, attendance or personal circumstances for the period of studies stated on this application. I grant the institutions(s) named in this application the right to release such information to the Senator Patrick Burns Bursary Fund upon request;
f) I give my expressed consent to be contacted via email by the Burns Memorial Fund. (If you do not wish to give your expressed consent for email correspondence, please let us know at unsubscribe@burnsfund.com);
g) I have answered all questions applicable to me, and all information is true and complete in every respect;
h) I make this declaration conscientiously and believe it to be true, knowing that this is the same force and effect as if made under an oath.

**SIGNATURE** **DATE**

**If filling this form out online, please ensure you print and sign this page to complete your application.**

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