



Making a difference...together

BURSARY APPLICATION 2018

The Capital Regional District and CUPE Local 1978 grant a student bursary once a year to dependent children* of District staff, (hereinafter called the “Applicant”) who can show a need for such assistance. Please answer each question and, if necessary, indicate that it is not applicable (N/A). ***Incomplete applications will not be considered.***

**Dependent as defined by insurance carrier rules: children up to age 25 and in full-time studies.*

Completed applications, together with confirmation of registration, and a copy of your resume should be delivered to Human Resources (625 Fisgard Street, Fax: 250 360-3076), Attn: Bursary Committee, no later than **Friday, July 6, 2018 at 4:00 p.m.**

Section 1: To Be Completed by the CRD Employee

Personal Information:

Name	
Service Area	
Position	

Financial Information:

Gross Annual Income from All Sources – Employee	<input type="checkbox"/> less than \$40,000 <input type="checkbox"/> \$40,000-\$54,999 <input type="checkbox"/> \$55,000-\$69,999 <input type="checkbox"/> \$70,000-\$84,999	<input type="checkbox"/> \$85,000-\$109,999 <input type="checkbox"/> \$110,000-\$149,999 <input type="checkbox"/> \$150,000 and greater
Gross Annual Income from All Sources– Spouse or Other Parent/Guardian	<input type="checkbox"/> less than \$40,000 <input type="checkbox"/> \$40,000-\$54,999 <input type="checkbox"/> \$55,000-\$69,999 <input type="checkbox"/> \$70,000-\$84,999	<input type="checkbox"/> \$85,000-\$109,999 <input type="checkbox"/> \$110,000-\$149,999 <input type="checkbox"/> \$150,000 and greater

Section 2: To Be Completed by the Applicant

Personal Information:

Name				<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth dd/mm/year		S.I.N. (required for income tax purposes)		
Home Address	Street			
	City			
	Prov./Postal Code			
Mailing Address (if different)	Street			
	City			
	Province/Postal Code			
Telephone				
Email				

Education Information:

Name and Location of post-secondary Institution you will be attending in September?					
Reason for applying to this educational facility?					
If you are going out of the capital regional district, please tell us the reason(s) why?					
I am enrolled in	<input type="checkbox"/> 1 st yr	<input type="checkbox"/> 2 nd yr	<input type="checkbox"/> 3 rd yr	<input type="checkbox"/> 4 th yr	<input type="checkbox"/> graduate studies
Are you F/T? Or P/T? _____	Expected year of graduation?				

Essay:

Please attach a short essay, approximately 250 – 500 words, describing your intended career path and your career goals.

Environmental Awareness:

In an effort to encourage environmental awareness, tell us what sustainable activities or behaviors you currently practice?

Applicant's Budget:

Where will you be living while you attend school?	<input type="checkbox"/> Parents/Sponsor <input type="checkbox"/> Rented Housing	<input type="checkbox"/> University Residence <input type="checkbox"/> Other (Please attach details)	
Income	Monthly Amount x number of months in school	Annual or One - Time Amounts	Grand Total
Monthly Gross Wages (Including Employment Insurance, if applicable)			
Monthly Social Assistance			
Monthly support from Parents/Family/Guardian			
Total Grants, Scholarships, Bursaries			
Total Savings and Investments			
Other/Misc. (Please attach details)			
TOTAL INCOME			
Expenses			
<input type="checkbox"/> rent _____ <input type="checkbox"/> food _____ <input type="checkbox"/> utilities _____ (If more than one selected, please provide total)			
Monthly transportation costs			
Tuition			
Books and fees			
Other/Misc. (Please attach details)			
TOTAL EXPENSES			
TOTAL INCOME			
TOTAL EXPENSES			
SUBTRACT EXPENSES FROM INCOME			
If expenses exceed income, list source of financial support:			

Please state any other contributing factors which you feel the committee should be made aware of:
 (Include information on community involvement, volunteer work, extracurricular activities, family circumstances etc.)
 If not enough space, please include an attachment

Declaration

I hereby declare that all information given is complete and true in every respect, that I have answered all questions applicable to me on this form, and that the bursary is needed for my continuing education.	
Applicant Signature:	Date:
Employee Signature:	Date: