

Children's Fund: High School Bursary Program Student Application Form

This program is to assist Grade 12 students in graduating

To Apply You Must Be:

- ☐ Under 21 years of age
- ☐ A resident of Calgary for at least the past six months
- ☐ Enrolled in a full-time course load
- ☐ In financial need that is affecting your ability to graduate
- ☐ Within two semesters of graduation

Students applying for funding for their:

- Last two semesters of high school must have earned at least **65 credits**.
- Final semester prior to graduation students must have earned at least **80 credits**.

(Note: The requirement is different for students that are working towards their K&E certificate.)

Students are only eligible if they are within 2 semesters of graduation.

Supporting Documents Needed:

- ☐ High school counsellor's completed referral form
- ☐ Attendance report
- ☐ Identification
- ☐ Proof of income
- ☐ Proof of parents' or guardians' income if you live with them
- ☐ Proof of monthly rent or mortgage payment

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.

Tre Ostroski (she/her)

Grants Manager

Burns Memorial Fund

T: 587-392-8255 | C: 587-579-5443 | Fax: 403-233-0513

tre.ostroski@burnsfund.com | www.burnsfund.com

Please scan and email the completed application form and supporting documents to the Grants Manager prior to your interview.

BURNS MEMORIAL FUND FOLLOWS LEGISLATED GUIDELINES FOR PRIVACY

Student Information

FULL NAME

EMAIL

BIRTHDATE
(DAY/MONTH/YEAR)

AGE

GENDER IDENTITY

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

ADDRESS

UNIT/APT #

CITY

POSTAL CODE

CELL PHONE NUMBER

HOME PHONE NUMBER

SCHOOL

GRADE

WERE YOU BORN IN
CALGARY?

IF NO, WHEN DID YOU MOVE TO
CALGARY?

Parent / Legal Guardian Information

NAME OF PARENT/LEGAL GUARDIAN

OCCUPATION/SOURCE OF INCOME

ADDRESS (IF DIFFERENT FROM ABOVE)

CITY

POSTAL CODE

HOME PHONE NUMBER

CELL PHONE NUMBER

NAME OF PARENT/LEGAL GUARDIAN

OCCUPATION/SOURCE OF INCOME

ADDRESS (IF DIFFERENT FROM ABOVE)

CITY

POSTAL CODE

HOME PHONE NUMBER

CELL PHONE NUMBER

Student Financial Information

Please fill in the following information about your current employment:

COMPANY NAME

JOB POSITION

HOURLY RATE

ANTICIPATED MONTHLY INCOME

PREVIOUS EMPLOYMENT WITHIN THE PAST YEAR (EX. SUMMER JOB OR PART-TIME EMPLOYMENT):

NOTE: COMPLETE THE EXPENSES AND INCOME 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	
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	RELATIONSHIP	NAME	RELATIONSHIP

Family Financial Budget

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

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

Student Questions

1. What other agencies, community resources, or people have you asked for assistance?

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

3. What are your plans after high school?

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

FALL (SEPT-JAN):

WINTER (FEB-JUNE):

SUMMER (IF APPLICABLE):

5. How many credits do you currently have?

6. How did you hear about Burns Memorial Fund?

Legal Declaration of Applicant

I hereby acknowledge my application for financial assistance from the Burns Memorial Fund for Children and I declare that:

- a) I am under 21 years of age 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 and to confirm my graduation status. I grant the institutions(s) named in this application the right to release such information to the Burns Memorial Fund for Children 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

**Please note: this page must be signed by the student to complete the application.
You may print/sign/scan the page or use the "fill & sign" feature in Adobe Acrobat.**

Burns Memorial Fund
Kahanoff Centre
1120, 105 12th Avenue SE
Calgary, AB T2G 1A1
T: 587-392-8255 | C: 587-579-5443 | Fax: 403-233-0513
tre.ostroski@burnsfund.com | www.burnsfund.com