

Open Door Bursary Application

The Open Door bursary helps low-income youth who have no other funding to move on to further education, training, or a job. It's for situations where you don't qualify for other bursaries or grants.

Here are some examples of what you can use the bursary for:

- Post secondary application fees
- Fees for upgrading or certification courses
- Things you need to start a job (like uniforms or work boots)
- Supplies needed for starting an educational or training program

To Apply, You Must:

- Be under 25 years old.
- Have lived in Calgary for at least the last six months.
- Be able to demonstrate financial need.

You can find the Open Door Bursary application form attached below. Please fill it out and send it back with copies of the following documents to verify your income:

Supporting Documents

IDENTIFICATION

A copy of your ID card, driver's license, Alberta Health Care card, etc.

INCOME VERIFICATION

If you live with your parent(s) or guardian(s): Provide a copy of their most recent income tax "Notice of Assessment" (both parents/guardians if applicable).

If you live on your own: Provide documents showing your monthly income (like pay stubs or bank statements).

If you don't have the documents listed, don't worry! Fill out the application to the best of your ability and reach out to us. We can help you find other ways to show your financial situation.

SUBMIT APPLICATION TO:

Larasha Farrington (she/her)

Grants Coordinator

Burns Memorial Fund

T: 587-392-8256

Larasha.Farrington@burnsfund.com

Open Door Bursary Application

APPLICANT INFORMATION

FULL LEGAL NAME

DATE OF BIRTH (DD/MM/YYYY)

PREFERRED NAME

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

MAILING ADDRESS, CITY, PROVINCE, POSTAL CODE

PHONE NUMBER

SOCIAL INSURANCE #

EMAIL ADDRESS

ARE YOU LIVING INDEPENDENTLY OR WITH YOUR PARENT(S)/GUARDIAN(S)?

- INDEPENDENTLY
 WITH PARENT(S)/GUARDIAN(S)

HAVE YOU PREVIOUSLY RECEIVED ANY FUNDING FROM THE BURNS MEMORIAL FUND?

- YES NO

IF YES, IN WHAT YEARS? _____

NAME OF LAST SCHOOL ATTENDED

GRADE OR LEVEL OF EDUCATION ATTAINED

REQUEST INFORMATION

REQUESTED AMOUNT

WILL YOU BE STARTING SCHOOL/TAKING A COURSE OR CLASS: YES NO

NAME OF INSTITUTION

COURSE OR CLASS

START DATE (DD/MM/YYYY)

ARE YOU REGISTERED? YES NO

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ARE YOU STARTING A NEW JOB: YES NO

START DATE

POSITION

EXPLAIN WHAT THE FUNDS ARE FOR AND HOW RECEIVING THE BURSARY WILL HELP YOU. WHAT SPECIFIC OPPORTUNITIES OR GOALS WILL IT HELP YOU ACHIEVE?

I hereby make my application for financial assistance from the Open Door Bursary; and I declare that:

- a) **If anything changes with my situation, as outlined in this application during my involvement with this program, I'll let Burns Memorial Fund know;**
- b) **I've shared all the details about my finances honestly and completely;**
- c) **I consent to the disclosure of relevant and required details related to this application between the identified service provider(s) and Burns Memorial Fund;**
- d) **I agree to be contacted by email from the Burns Memorial Fund. (If you'd rather not receive emails, let us know at unsubscribe@burnsfund.com);**

I make this declaration conscientiously believing it to be true and complete, and of the same force and effect as if made under oath

SIGNATURE OF APPLICANT

DATE (DD/MM/YYYY)

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