Burns Memorial Fund
A legacy for Calgary's children

HIGH SCHOOL BURSARY PROGRAM

STUDENT APPLICATION FORM

The High School Bursary (HSB) Program assists low-income Grade 12 students who require financial assistance to successfully complete the requirements for a high school diploma or certificate of achievement by providing a monthly living allowance to help cover essential basic needs.

Eligibility Criteria:

To apply you must be:

- ☐ Within your **last two semesters** of completing your high school diploma or certificate of achievement
- ☐ Under 21 years of age
- ☐ Currently living in Calgary and have lived here for at least the past 6 months
- ☐ From a low-income household
- ☐ Enrolled in a full-time course load (at least 3 courses/semester)

Students applying for funding for their:

- Last two semesters of high school must have earned a minimum of **65 credits**
- Final semester of high school must have earned a minimum of **80 credits**
  (Note: Different requirements apply for K&E certificate students)

Required Supporting Documentation:

- ☐ Referral form completed by your high school counsellor
- ☐ Attendance report
- ☐ Detailed Academic Record (DAR)
- ☐ Photo Identification
- ☐ Proof of income: *(see page 2 for a list of accepted supporting documents)*
  - Your own income if you live independently
  - Your parent(s)/guardian(s) income if you live with them
- ☐ Proof of rent or mortgage payments

You must speak with your school counsellor before completing this form

Please scan and email the completed application form and required supporting documents to the Grants Manager.

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

BURNS MEMORIAL FUND FOLLOWS LEGISLATED GUIDELINES FOR PRIVACY

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APPLICATION TIP SHEET

Steps to Complete & Submit Your Application

1. **Before You Begin**
   - ☐ Review the program eligibility criteria outlined on *page 1* carefully.
   - ☐ Speak with your school guidance counsellor about applying for the High School Bursary Program.
2. **Complete the Application**
   - ☐ Fill out **all** sections of the application form.
   - ☐ Gather **all** required supporting documents *(see below for list of accepted documents)*.
3. **Ready to Submit**
   - ☐ You or your guidance counsellor must email the completed application form, counsellor referral, and all required supporting documents to the Grants Manager, tre.ostroski@burnsfund.com.
4. **After Application is Submitted**
   - ☐ An intake interview will be scheduled once your documents are received by the Grants Manager.

Required Supporting Documentation

If You Live Independently:

- ☐ Complete the ***Student Financial Information*** section of this application form.
- ☐ Submit the following documents to verify your financial situation:

Required Documentation	Supporting Documents Accepted
Income (employment, parental support, etc.)	• 1-month bank statement (provide even if income is $0)
Rent	• 1-month bank statement, **or** • Lease agreement, **or** • Letter from person you live with confirming your rent & household contributions

If You Live with Parents/Guardians:

- ☐ Complete the ***Family Financial Information*** section of this application.
- ☐ Submit supporting documents for all applicable income and expenses that apply to your parent(s)/guardian(s).

Income/Expenses	Supporting Documents Accepted
Parent(s)/Guardian(s) Employment Income (includes self-employment income)	• Paystubs, **or** 1-month bank statement
Canada Child Benefits (CCB)	• CCB statement, **or** 1-month bank statement
Social Assistance (AISH or Alberta Works)	• Social assistance statement, **or** 1-month bank statement
Employment Insurance (EI)	• EI statement, **or** 1-month bank statement
Pension (CPP, OAS, employer)	• Pension statements, **or** 1-month bank statement
Child Support	• Child maintenance payment statement, **or** 1-month bank statement
Disability	• Disability statements, **or** 1-month bank statement
Rental Income	• 1-month bank statement
Other (eg., family support)	• Relevant income statement, **or** 1-month bank statement
Housing (rent or mortgage)	• Lease agreement/mortgage statement, **or** 1-month bank statement
Savings (must be disclosed)	• Most recent statement(s) showing current balance
Investments (RRSPs & other investments)	• Most recent statement(s) showing current balance

We Do Not Accept:

- **Notice of Assessments (NOAs) or T4 slips**

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Student Information

FIRST & LAST NAME

EMAIL

BIRTHDATE (DAY/MONTH/YEAR)

AGE

GENDER IDENTITY

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

ADDRESS

UNIT/APT #

CITY

POSTAL CODE

CELL PHONE NUMBER

HOME PHONE NUMBER

HIGH SCHOOL NAME

GRADE

HOW LONG YOU HAVE LIVED IN CALGARY?

Parent/Legal Guardian Information

PARENT / GUARDIAN 1:

FIRST & LAST NAME

OCCUPATION/SOURCE OF INCOME

ADDRESS (IF DIFFERENT FROM ABOVE)

CITY

POSTAL CODE

HOME PHONE NUMBER

CELL PHONE NUMBER

PARENT / GUARDIAN 2:

FIRST & LAST NAME

OCCUPATION/SOURCE OF INCOME

ADDRESS (IF DIFFERENT FROM ABOVE)

CITY

POSTAL CODE

HOME PHONE NUMBER

CELL PHONE NUMBER

Current Living Situation

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

NAME	AGE	RELATIONSHIP	NAME	AGE	RELATIONSHIP

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Student Employment Information

Please fill in the following information about your current employment:

COMPANY NAME _____ **JOB POSITION** _____

HOURLY RATE _____ **MONTHLY INCOME** _____

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

Student Financial Information

NOTE: COMPLETE THE SECTION BELOW ONLY IF YOU ARE **LIVING INDEPENDENTLY** AND **NOT** WITH PARENT(S) / GUARDIAN(S)

Monthly Income

SOURCE OF INCOME	MONTHLY AMOUNT ($)
STUDENT EMPLOYMENT	
GOVERNMENT BENEFIT PAYMENTS (CANADA CHILD BENEFIT, SURVIVOR'S BENEFIT ETC.)	
SUPPORT PAYMENTS FROM PARENTS OR OTHER FAMILY	
OTHER INCOME: (PLEASE SPECIFY)	
TOTAL MONTHLY INCOME:	

Monthly Expenses

EXPENSE	MONTHLY AMOUNT ($)
RENT / MORTGAGE	
UTILITIES (ELECTRICITY, GAS, WATER)	
PHONE	
FOOD / GROCERIES	
TRANSPORTATION (TRANSIT PASSES / VEHICLE COSTS)	
CHILD CARE	
CLOTHING	
PERSONAL CARE	
MEDICAL / PRESCRIPTIONS	
OTHER EXPENSES: (PLEASE SPECIFY)	
TOTAL MONTHLY EXPENSES:	

ATTACH PROOF OF ALL INCOME, SAVINGS, AND RENT
(see page 2 for a list of accepted supporting documents)

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Family Financial Budget

NOTE: COMPLETE THIS PAGE ONLY IF YOU ARE **LIVING WITH PARENT(S) / GUARDIAN(S)**

Monthly Income

SOURCE OF INCOME	MONTHLY AMOUNT ($)
EMPLOYMENT (PARENT/GUARDIAN 1)	
EMPLOYMENT (PARENT/GUARDIAN 2)	
AISH	
ALBERTA WORKS (INCOME SUPPORT)	
EMPLOYMENT INSURANCE (EI)	
CANADA CHILD BENEFIT (CCB)	
CHILD DISABILITY BENEFIT (CDB)	
CHILD SUPPORT	
EMPLOYER PENSION	
CANADA PENSION PLAN (CPP)	
OLD AGE SECURITY (OAS)	
DISABILTY (SHORT-TERM, LONG-TERM, WCB ETC.)	
RENTAL INCOME:	
OTHER INCOME: (PLEASE SPECIFY)	
TOTAL MONTHLY INCOME:	

Monthly Expenses

EXPENSE	MONTHLY AMOUNT ($)
RENT / MORTGAGE	
INSURANCE (HOME / TENTANT)	
PHONE	
UTILITIES (ELECTRICITY, GAS, WATER)	
FOOD / GROCERIES	
VEHICLE COSTS (GAS, INSURANCE, MAINTENANCE)	
TRANSIT PASSES	
CHILD CARE	
MEDICAL / PRESCRIPTION COSTS	
HOUSEHOLD EXPENSES	
INTERNET	
DEBT / LOAN PAYMENTS	
OTHER EXPENSES: (PLEASE SPECIFY)	
OTHER EXPENSES: (PLEASE SPECIFY)	
TOTAL MONTHLY EXPENSES:	

Assets

ASSET	TOTAL VALUE ($)
VEHICLES	
PROPERTY	
RRSPs	
SAVINGS	
INVESTMENTS	
OTHER ASSETS: (PLEASE SPECIFY)	
TOTAL ASSETS:	

ATTACH PROOF OF ALL INCOME, SAVINGS, AND RENT/MORTGAGE

(see page 2 for a list of accepted supporting documents)

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Student Questions

1. What agencies, community resources, or individuals have you asked for help and/or are currently receiving support from?

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 diploma or certificate of achievement requirements?

FALL (SEPTEMBER-JANUARY):
WINTER (FEBRUARY-JUNE):
SUMMER (IF APPLICABLE):

5. How many credits do you currently have?

6. How did you hear about Burns Memorial Fund?

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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.

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