



# Distributed Learning Scholarship Application

Application must be received by Student Services office by **January 23, 2023**

**IMPORTANT NOTE:** Other awards may be available to students – *not included on this specific application. Please also visit [www.cna.nl.ca/awards](http://www.cna.nl.ca/awards) to view more awards and check eligibility requirements and criteria.*

*Please tick the box for the awards you are applying (please ensure you meet all criteria):*

- John H. Barry Memorial Scholarship**  
Donor: Celtic Business Development Corporation Value: \$500  
➤ Open to full time student who graduated from Dunne Academy, Stella Maris Academy, Baltimore, Mobile Central High or St. Kevin's High and enrolled in the **first** or **second** year of any certificate or diploma program. Preference given to Business or Office Administration students
- Newfoundland & Labrador Hydro Indigenous Scholarship**  
Donor: NL Hydro Value: \$500  
➤ Open to full-time **indigenous** students who are permanent residents of Newfoundland and Labrador enrolled in Business Administration, Business Management, Early Childhood Education, Executive Office Management, Information Management, Medical Office Management or Records & Information Management
- TD Insurance Meloche Monnex Alumni Scholarship**  
Donor: TD Insurance Meloche Monnex Value: \$1000  
➤ Open to full time students enrolled in **second** or **third** year of Business Administration, Business Management, Executive Office Management, Information Management, Medical Office Management or Records & Information Management
- West Rose Project Diversity Scholarship**  
Donor: Cenovus Energy Value: \$1250  
➤ Open to full time students who identify as a Person with Disability, Visible Minority, Female, or Indigenous enrolled in the **first** year of Enterprise Web Development or Information Management. And students who identify as a Person with Disability, Visible Minority or Indigenous enrolled in the **first** year of Business Administration, Business Management, Executive Office Management, Information Management, Medical Office Management or Records & Information Management

*For more information on the above scholarship awards, including eligibility requirements and criteria, please check Scholarships and Awards on the CNA website at [www.cna.nl.ca/awards](http://www.cna.nl.ca/awards).*

## INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

### Applicant Checklist:

- A Student Progress Report is attached (*a progress report is only required for courses still in progress*)
- Proof of Indigenous Status, Disability or Visible Minority (*if required for award criteria*)
- Copy of High School Transcript (*John H. Barry Memorial Scholarship only*)





# Scholarship Application

Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

Program: \_\_\_\_\_ Campus: \_\_\_\_\_

Year of Program: 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

Are you: a Canadian Citizen  Permanent Resident  International Student

Do you identify as: Indigenous  Visible Minority  Female  Having a Disability

Are you a permanent resident of Newfoundland and Labrador? Yes  No

Are you a member of the CNA Alumni: Yes  No  To become a member please visit the Alumni website at [www.cna.nl.ca/Alumni/become-an-alumni-member.aspx](http://www.cna.nl.ca/Alumni/become-an-alumni-member.aspx)

- I have a disability.  
\*If you are registered with Accessibility Services, please see the Accessibility Services Coordinator (ASC) for a letter to verify you are a student with a disability. If you are not registered with Accessibility Services, you may choose to submit your disability documentation with your application OR you may prefer to bring it to the ASC, who can then write a letter to verify you are a student with a disability (this letter – and not your actual documentation – is what you will submit with your awards application).
- I am in a visible minority which includes persons who are non-Caucasian in race or non-white in colour and who do not report being indigenous.  
**\*Please describe and attach supporting documentation.**
- I am an indigenous student (First Nation, Nunatsiavut, NunatuKavut, or other) and have attached a copy of a document which confirms this fact  
**(i.e.: status or Treaty card, membership card, or other documentation)**

**I hereby make the following declaration:**

1. I intend to be a full-time student for the academic year/semester for which this application is made.
2. I have answered all questions, which are applicable to me, and the answers given by me are true.
3. I understand that if selected for an award / scholarship / bursary I will be required to provide my Social Insurance Number, so that a T4A may be issued for income tax purposes.

Permission is hereby granted for the Awards Committee to obtain any further information required from appropriate individuals or agencies.

I further acknowledge that my personal information (i.e., photo, video, name, program and home community) may be shared with the donor of this award and can be used by CNA for promotional purposes.

*College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador, and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). The college's Student Services Department and the Alumni & Advancement Office are collecting your personal information to process the scholarship application. The personal information you provide may be disclosed to the donor. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the Provincial Awards Chairperson at 709-643-7880. For more information about the ATIPPA please visit [www.cna.nl.ca/about/atipppa.asp](http://www.cna.nl.ca/about/atipppa.asp).*

*I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.*

\_\_\_\_\_  
Name: Print or Sign

\_\_\_\_\_  
Date