



The Joyce Family Foundation Bursary
Application must be received by July 30, 2021



This application can be completed by an Endorser – if required. See below section.

APPLICANT INFORMATION *(please print)*

Name: _____ CNA Student ID: _____

Address: _____ Postal Code: _____

Phone #: _____

E-mail: _____

HIGH SCHOOL INFORMATION

Name of High School: _____

High School Location: _____

High School Graduation Date: _____

Have you applied for a College program? If yes, please complete box below.

COLLEGE PROGRAM INFORMATION

Program: _____

Campus: _____

If you have not completed a College application please indicate program of interest:

Program: _____

Campus: _____

ENDORSER INFORMATION *(if applicable, please complete)*

Name: _____

Address: _____ Postal Code: _____

Phone #: _____

E-mail: _____

Position: _____

Name of High School *(if applicable)*: _____

**Endorser is a person who is recommending a student for the Joyce Family Foundation Bursary. The endorser can be a current or past teacher, principal or guidance counsellor; it can be a current or past employer or supervisor; parent or relative, or it can be any current or past mentor who has helped or provided guidance or support to a student in a meaningful way.*

MENTOR INFORMATION *(must be completed) (please print)*

Name: _____

Address: _____ Postal Code: _____

Phone #: _____

E-mail: _____

Relationship to Applicant: _____

Note: The mentor will be contacted by the college verifying the contact information.

**A mentor is a person who will continuously support and assist you throughout your college education. Some examples are a business leader, clergy member, family member, community agency worker, employer, current teacher, or guidance counsellor.*

AWARD INFORMATION

Donor: The Joyce Family Foundation
Number of Awards: Varies
Value: \$4000/ year maximum
Criteria: Available to full-time students entering their first year of study in any certificate or diploma level program at any campus of College of the North Atlantic. The bursary will be a renewable bursary of up to a maximum \$4,000 per year (*based on the specific program requirements*), for a maximum of 3 years providing the recipient continues to maintain full-time status and meet eligibility requirements. Must meet **all** criteria below:

- Demonstrate financial need;
- Enrolled in a full-time program at the College;
- Residents of Newfoundland and Labrador and have graduated from a high school in the province;
- In the final year of high school or have graduated within the last 12 months, with confirmation of acceptance at the College for the Fall semester;
- Maintain clear academic standing
- Commit to work with at least one identified mentor ***Applicant must provide name and contact information of mentor to be eligible.***

(*A mentor is a person who will continuously support and assist you throughout your college education. Some examples are a business leader, clergy member, family member, community agency worker, employer, current teacher or guidance counsellor.)

Applicant Checklist:

- A certified copy of applicant's transcript for final year of high school is attached
- A reference form is attached
- A Student Financial Statement Form is attached
- A 250-word impact essay: this essay is to tell us how this award will influence you and make for a better future.
- A mentor is identified and his/her contact information is provided
- I am a resident of Newfoundland and Labrador

I intend to be a full-time student for the academic year/semester for which this application is made:
Yes No

Have you already applied for Student Aid for the Fall 2021 semester? Yes No

If you have answered "No" to the above question, do you intend to apply for Student Aid for the Fall 2021 semester? Yes No

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

The bursary application form and all required documents must be mailed **by July 30, 2021** to:

Sandra Lewis
Chairperson, Provincial Awards Committee
College of the North Atlantic
P.O. Box 5400
Stephenville, NL, A2N 2Z6

I hereby make the following declaration:

1. I have read and understood the award criteria described in this application, and I believe that I meet all of the requirements.
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.
4. I am a resident of Newfoundland and Labrador.

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, 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/atippa.asp.

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

Signature of Applicant

Date



Financial Statement

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/atippa.asp.

NOTE	The more accurate and detailed information you provide, the better your need can be assessed. If a section is not applicable to you, please put "N/A" in that section. Incomplete applications will not be processed. Deadline July 30, 2021
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1. STUDENT INFORMATION

Student's Last Name	First	Middle	Age
Student Number:	Campus:	Program:	Year: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd
Permanent Address:			
Local Address:			
Distance from local address to permanent address (Km): _____			
Primary phone number: ()		Alternate phone number: ()	

Please check only one box: You are considered an Independent student if you:

- Have been out of high school for four (4) years OR
- Have been out of high school for two (2) years or two (2) periods of 12 consecutive months in which you have not been attending a post-secondary institution full time OR
- Are married, common law, separated, widowed or a single parent. Please complete section #3 & #4 if applicable
- None of the above apply to me, I am considered a Dependent Student. Please complete section #2.

2. IF YOU ARE DEPENDENT ON (OR LIVING WITH) PARENTS/GUARDIANS, COMPLETE THE FOLLOWING SECTION

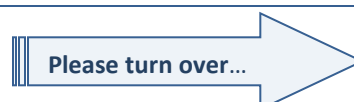
Name of Parent/ Guardian #1	Occupation:	Employment status: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Other
P.O. Box/Street:	City/Town:	Province: Postal Code:
Name of Parent/Guardian #2	Occupation:	Employment status: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Other
P.O. Box/Street:	City/Town:	Province: Postal Code:
Parent/ Guardian #1 Annual Net Income (after taxes): \$	Number of dependents attending post-secondary (including applicant):	Parent/ Guardian #2 Annual Net Income (after taxes): \$

3. IF YOU ARE MARRIED/Common-LAW, COMPLETE THE FOLLOWING SECTION

Spouse's Name:	Occupation:	Employment status: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Other
P.O. Box/Street:	City/Town:	Province: Postal Code:
Spouse's Annual Net Income (after taxes): \$		

4. IF YOU HAVE DEPENDENTS, COMPLETE THE FOLLOWING SECTION

Name (First Name and Last Name)	Relationship to Applicant	Age



STATEMENT OF FINANCIAL NEED

Financial need will be determined from the budget below.

The Estimated Resources Section and Estimated Expenses MUST be completed. If a section is not applicable to you, please put “Ø” in that section. **You may be required to show documentation of expenses.**

PLEASE ENSURE TOTALS ARE INSERTED FOR RESOURCES/EXPENSES COLUMNS.

INCOMPLETE FORMS WILL NOT BE CONSIDERED.

Estimated costs **MUST** be stated by a 16-week semester (i.e. Rent at \$100 per week must be stated as \$1600)

****Use Fall Semester resources and expenses****

Estimated Resources		Estimated Expenses		
Amount based on 16 week semester (Use Fall Semester)	Amount Per Semester	Amount based on 16 week semester (Use Fall Semester)	Amount Per Semester	
Personal Contribution (per semester)		College Expenses (per semester)		
1	Savings: Personal savings & RESP	18	Tuition/Fees (i.e.: audit fee, exam fee, confirmation fee, certification fee, etc.)	
2	Income from employment while attending school (during a 16 week semester)	19	Books	
3	EI benefits per semester while studying	20	Equipment and Supplies	
4	Funding (i.e.: AESL, First Nations, etc.). Including tuition paid by the agency.	21	Field Trips	
5	Other income: (i.e.: investments, rental property, etc.) _____	22	Health & Dental Insurance	
Student Assistance (per semester)		Transportation Expenses (per semester)		
6	Provincial Student Grant (per semester)	23	Transportation – Private vehicle owner (ie: payment, insurance, gas, maintenance)	
7	Federal Student Grant (per semester)	24	Transportation – Public (i.e.: Bus pass/taxi/carpool)	
8	Bursaries, Scholarships, and Awards	25	One return trip to college – claim \$20 per 100 kms for distance from permanent to local address or provide proof of airline ticket	
9	Tuition Vouchers (SWASP, etc.)	Living Expenses (per semester)		
10	Other income: (i.e.: CPP, Pension Benefits etc.) _____	26	Rent or Mortgage - Room / Apartment (include only your portion if sharing accommodations)	
Other Contributions (per semester)		27	Food/ Meal Plan	
11	Contributions from parents/guardians	28	Utilities (Heat & Lights) (include only your portion if sharing)	
12	Contributions from spouse	29	Phone	
13	Other income: _____	30	Internet (include only your portion if sharing)	
ADD 1 – 13: Total Resources		\$	31	Child Care
Debt-Related Resources (per semester)		Other Expenses (per semester)		
14	Provincial Student Loan (per semester)	32	Other medical cost (not covered under insurance plan) _____	
15	Federal Student Loan (per semester)	33	Other (please specify): _____	
16	Credit Card/Bank Loan/Student Line of Credit	Please attach a separate sheet if more space is required		
17	Other (please, specify): _____			
ADD 14-17: Total Debt-Related Resources		\$	ADD 18 – 33: Total Expenses	\$
ADD 1-17: Grand Total				

Please provide information on any special circumstances that you feel should be considered that are not reflected in the financial statement.

I hereby make the following declaration:

5. I have answered all questions, which are applicable to me, and the answers given by me are true.
6. I shall be a full-time student for the academic year/semester in which this application is made.
7. I have stated my financial situation based on a 16 week period.

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

Signature of Applicant

Date



The Joyce Family Foundation Bursary

Impact Essay

In a 250 word essay, tell us how this bursary will influence you and make for a better future.