



# The Joyce Family Foundation Bursary

THE  
JOYCE FAMILY  
FOUNDATION

Applications must be received by July 28, 2025

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

**APPLICANT INFORMATION** *(please print)*  
  
Name: \_\_\_\_\_ CNA Student ID: \_\_\_\_\_  
Address: \_\_\_\_\_ Prov: \_\_\_\_\_  
City \_\_\_\_\_ 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: \_\_\_\_\_  
City \_\_\_\_\_ Prov: \_\_\_\_\_  
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: \_\_\_\_\_  
City \_\_\_\_\_ Prov: \_\_\_\_\_  
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, diploma or degree 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 4 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 14 months, with confirmation of acceptance at the College for the Fall semester;
- Maintain clear academic standing each semester of the program.
- 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 transcript for final year of high school
- ☐ A reference letter 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 2025 semester? Yes ☐ No ☐

If you have answered "No" to the above question, do you intend to apply for Student Aid for the Fall 2025 semester? Yes ☐ No ☐

### INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

The bursary application form and all required documents must be sent **by July 28, 2025**, to:

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

Email completed applications to: **HQAwardsOffice@cna.nl.ca**

### 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, 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, 432 Massachusetts Dr. P.O. Box 5400 Stephenville, NL A2N 2Z6. For more information about the ATIPPA please visit [www.cna.nl.ca/about/atippa.asp](http://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, 432 Massachusetts Dr. P.O. Box 5400 Stephenville, NL A2N 2Z6. For more information about the ATIPPA please visit [www.cna.nl.ca/about/atippa.asp](http://www.cna.nl.ca/about/atippa.asp).

NOTE	Incomplete applications will not be processed.			Deadline Date: July 28, 2025
1. STUDENT INFORMATION				
Name:			Age:	
Student Number:	Campus:	Program:	Year: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>	

2. Please check all the boxes that apply to your living situation:				
<input type="checkbox"/> I will live with my parent(s)/guardian(s) while attending college.				
<input type="checkbox"/> I will live away from parent(s)/guardian(s) while attending college. Kms from hometown to college: _____				
<input type="checkbox"/> I am an independent student.				
<input type="checkbox"/> I am married/common-law without dependents.				
<input type="checkbox"/> I am married/common-law with dependents.      Number of dependents: _____				
<input type="checkbox"/> I am a single parent.      Number of dependents: _____				
Parental or Household Income: <input type="checkbox"/> Below 50,000 <input type="checkbox"/> 50,000 – 75,000 <input type="checkbox"/> 75,000 – 100,000 <input type="checkbox"/> Over 100,000				
3. Please check all the boxes that apply to your funding for college:				
<input type="checkbox"/> I am receiving a student loan through Student Aid NL or Student Aid from another province.				
<input type="checkbox"/> I am receiving a student loan or student line of credit through a financial institution (I.e.: bank)				
<input type="checkbox"/> I am receiving funding through the Department of Immigration, Population Growth and Skills (IPGS) or the Department of Children, Seniors, and Social Development (CSSD)				
<input type="checkbox"/> I am receiving funding as an Indigenous student (I.e.: First Nations, Inuit, Métis, or other)				
<input type="checkbox"/> Other: _____				
4. Please provide a brief description of any circumstances you feel should be considered: (i.e.: single parent family, other siblings in school, parents unemployed, permanent disability, etc.) Please attach a separate sheet if more space is required.				
<div></div>				

STATEMENT OF FINANCIAL NEED			
<p>Financial need will be determined from the budget below.</p> <p><b><i>The Income Section and Expenses Section <u>MUST</u> be completed.</i></b></p> <p><b><i>**You may be required to show documentation of expenses**</i></b></p> <p><b><i>YOU <u>MUST</u> SHOW INCOME, INCOMPLETE FORMS WILL NOT BE CONSIDERED.</i></b></p>			
INCOME (Fall semester)			
Student Aid Loan (as shown on assessment for Sept – Dec 2025)	\$	Family Support (i.e.: parents, spouse, grandparents, etc.)	\$
Student Aid Grant (as shown on assessment for Sept – Dec 2025)	\$	Bursaries, Scholarships, and Awards	\$
Savings Used for Fall Semester Only	\$	Tuition Vouchers (SWASP, etc.)	\$
Funding (i.e.: IPGS, Indigenous, EI, etc., including tuition, living allowances and other expenses paid by the agency)	\$	Employment (part-time or full-time work while attending college)	\$
Bank Loan (Credit card, student line of credit)	\$	Other income: _____ (i.e.: CPP, Pension Benefits, Workers Comp) <b>*Do not include Child Benefit (NLCB)</b>	\$
MONTHLY EXPENSES		COLLEGE EXPENSES (Fall semester)	
Housing (Add together your rent/mortgage, utilities, internet, cable) <b>*Include only your portion if sharing</b>	\$	Tuition and Fees	\$
Food / Meal Plan	\$	Books	\$
Cell Phone	\$	Supply Costs (do not include computer)	\$
Transportation (Gas, insurance, car payment)	\$	Health and Dental	\$
Childcare (if applicable)	\$	Other: _____ (Please specify, i.e.: Exam fees, licenses, medicals, etc.)	\$
Other Expenses: _____ (Please specify, i.e.: bank loan, medical expenses)	\$		
<p><b>I hereby make the following declaration:</b></p> <p>5. I have answered all questions, which are applicable to me, and the answers given by me are true.</p> <p>6. I shall be a full-time student for the academic year/semester in which this application is made.</p> <p>7. I have stated my financial situation based on the winter semester.</p> <p><b>Permission is hereby granted for the Awards Committee to obtain further information required from appropriate individuals/agencies.</b></p> <p>_____ Name: Print or Sign</p> <p>_____ Date</p>			



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.