



# The Joyce Family Foundation Bursary

THE  
JOYCE FAMILY  
FOUNDATION

Applications must be received by July 29, 2024

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

## APPLICANT INFORMATION (please print)

Name: \_\_\_\_\_ CNA Student ID: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City \_\_\_\_\_ Prov: \_\_\_\_\_

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 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 14 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 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 2024 semester? Yes  No

If you have answered "No" to the above question, do you intend to apply for Student Aid for the Fall 2024 semester? Yes  No

## INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

The bursary application form and all required documents must be sent **by July 29, 2024** 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



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<b>NOTE</b>	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. <b>Incomplete applications will not be processed.</b> <span style="float: right;"><b>Deadline Date: July 29, 2024</b></span>
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### 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>

### 2. Please check all the boxes that apply to your living situation:

I will live with my parent(s)/guardian(s) while attending college.

I will live away from parent(s)/guardian(s) while attending college. Kms from hometown to college: \_\_\_\_\_

I am married/common-law without dependents.

I am married/common-law with dependents.    Number of dependents: \_\_\_\_\_

I am a single parent.    Number of dependents: \_\_\_\_\_

Parental or Household Income:    Below 50,000    50,000 – 75,000    75,000 – 100,000    Over 100,000

### 3. Please check all the boxes that apply to your funding for college:

I am receiving a student loan through Student Aid NL or Student Aid from another province.

I am receiving a student loan or student line of credit through a financial institution (I.e.: bank)

I am receiving funding through the Department of Immigration, Population Growth and Skills (IPGS) or the Department of Children, Seniors and Social Development (CSSD)

I am receiving funding as an Indigenous student (I.e.: First Nation, Nunatsiavut, NunatuKavut or another Indigenous group sponsorship)

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.*

**STATEMENT OF FINANCIAL NEED**

Financial need will be determined from the budget below.  
**The Income Section and Expenses Section MUST be completed.**  
**\*\*You may be required to show documentation of expenses\*\***  
**YOU MUST SHOW INCOME, INCOMPLETE FORMS WILL NOT BE CONSIDERED.**  
 Income and Expenses **MUST** be calculated for a 16-week semester or 4 months.  
 (i.e.: Rent at \$100 per week must be stated as \$1600, or \$500 per month as \$2000)  
**\*\*Use FALL semester income and 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
<b>INCOME (Totals for Fall semester – calculate for 16 weeks or 4 months)</b>			
<b>Student Aid Loan</b> (as shown on assessment for Sept – Dec 2024)	\$	<b>Family Support</b> (i.e.: parents, spouse, grandparents, etc.)	\$
<b>Student Aid Grant</b> (as shown on assessment for Sept – Dec 2024)	\$	<b>Bursaries, Scholarships, and Awards</b>	\$
<b>Savings for Fall Semester Only</b>	\$	<b>Tuition Vouchers</b> (SWASP, etc.)	\$
<b>Funding</b> (i.e.: IPGS, Indigenous, EI, etc., including tuition, living allowances and other expenses paid by the agency)	\$	<b>Employment</b> (part-time or full-time work while attending college)	\$
<b>Bank Loan</b> (Credit card, student line of credit)	\$	<b>Other income</b> (i.e.: CPP, Pension Benefits, etc.)	\$
		<b>Total Income:</b>	\$

<b>EXPENSES (Totals for Fall semester – calculate for 16 weeks or 4 months)</b>			
<b>Housing</b> (Add together your rent/mortgage, utilities, internet, cable) <b>NOTE*</b> Include only your portion if sharing	\$	<b>Tuition and Fees</b> (including Health & Dental fees if applicable)	\$
<b>Food/ Meal Plan</b>	\$	<b>Books</b>	\$
<b>Cell Phone</b>	\$	<b>Supply Costs</b> (do not include computer)	\$
<b>Transportation</b> (Gas, insurance, car payment)	\$	<b>Other Expenses</b> (please, specify): _____ (i.e.: bank loan, medical expenses, airfare)	\$
<b>Child Care</b> (if applicable)	\$	<b>Total Expenses:</b>	\$

**NET INCOME**

**Income - Expenses = \$ \_\_\_\_\_**

**I hereby make the following declaration:**

1. I have answered all questions, which are applicable to me, and the answers given by me are true.
2. I shall be a full-time student for the academic year/semester in which this application is made.
3. 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.**

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

Date \_\_\_\_\_



*Impact Essay*

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



# Joyce Family Foundation Bursary

## *Letter of Reference*



**Applicant's Name:** \_\_\_\_\_

Please send to student (applicant) to include with the application or send directly to the Awards Office at [HQAwardsOffice@cna.nl.ca](mailto:HQAwardsOffice@cna.nl.ca). **Deadline Date: July 29, 2024**

The Joyce Family Foundation Bursary focus is to provide access to education for children and youth with significant financial need or facing other socioeconomic barriers to success. The purpose of the bursaries is to increase the participation of disadvantaged or at-risk youth who face obstacles and barriers while obtaining a post-secondary education.

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- 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
- Must identify and work with at least one mentor throughout the bursary period

**In your opinion, why should this student be selected as a recipient of the Joyce Family Foundation Bursary?**

*Please comment on the student's financial need, determination to succeed and challenges / barriers they will have to overcome to complete their post-secondary education. If preferred, you may attach a typed written letter.*

**Reference's Name:** *(please print)* \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_