

Bluedrop Innovation Entrance Bursary

This bursary will be awarded based on a student's goals, accomplishments and ability to overcome hardship on the road to academic success.

Donor: Bluedrop ISM

Number of Awards: One

Value: \$1500

Criteria:

- Awarded to a female student enrolled full time in any year of one of the programs listed below.
- Awarded based on financial need, academic merit, reference, community, and extracurricular activities.
- This entrance bursary will be administered by CNA in consultation with Bluedrop ISM in the fall semester.

Eligible programs:

- Accelerated Software Development
- Bachelor of Applied Information Technology: Systems and Network Cybersecurity
- Computer Systems and Networking
- Computer Systems Engineering Technology Co-op
- Digital Animation
- Digital Filmmaking
- Enterprise Web Development
- Graphic Design
- Information Management
- Software Development Co-op
- Television and Film Creation
- Video Game Art & Design

Required Documents:

- Application Form
- College Financial Statement
- College Reference Form
- High School Transcript (first year students only)

Deadline: November 14, 2025

Application on next page.



Bluedrop Innovation Entrance Bursary



Application must be received by Student Services office by November 14, 2025

Applicant Checklist:

- ☐ A College Financial Statement Form is attached.
- ☐ A College Reference Form is attached.
- ☐ A certified copy of high school marks is attached (first year students only)

Name:	_____	Student #:	_____
Address:	_____	College E-mail:	_____
City:	_____	Prov:	_____
Postal Code:	_____	Program:	_____
Campus:	_____	Year of Program:	1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/>
Phone #:	_____		

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INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

I hereby make the following declaration:

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

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 _____

We know everyone’s financial need is different, especially during these unprecedented times. Please explain why you deserve this award and how it will assist you in achieving your academic goals. (200 words or less).

Please make additional copies of this page, if necessary.

As a company, Bluedrop strives for a healthy work life balance, and we love giving back to our community and organizations our employees are passionate about. Please let us know of any community service and/or extracurricular activities you are involved with and why. (200 words or less).



Financial Statement

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

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 an independent student.

☐ 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 line of credit through a financial institution (I.e.: bank)

☐ I am receiving funding through the Dept of Jobs, Immigration and Growth (JIG), or the Department of Children, Seniors, and Social Development (CSSD)

☐ I am receiving funding as an Indigenous student: _____ (I.e.: First Nations, Inuit, Métis, or other)

☐ Other Funding (not listed above): _____

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			
<p>Financial need will be determined from the budget below.</p> <p><i>The Income Section and Expenses Section MUST be completed.</i></p> <p><i>**You may be required to show documentation of expenses**</i></p> <p><i>YOU <u>MUST</u> SHOW INCOME, INCOMPLETE FORMS WILL NOT BE CONSIDERED.</i></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 and/or RESP (Education Fund) (For Fall Semester Only)	\$	Tuition Vouchers (SWASP, etc.)	\$
Funding: _____ (i.e.: JIG, Indigenous, EI, etc., include tuition, living allowance and other expenses paid by the agency)	\$	Employment while attending college (Please check box, and estimate income for the semester)	Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> \$
Bank Loan (Credit card, student line of credit)	\$	Other income: _____ (i.e.: CPP, Pension Benefits, Workers Comp) *Do not include Child Benefit (NLCB)	\$
MONTHLY EXPENSES		COLLEGE EXPENSES (Fall semester)	
Housing per month (Add together your rent/mortgage, utilities, internet, cable) *Include only your portion if sharing	\$	Tuition and Fees for fall semester	\$
Food / Meal Plan per month	\$	Books for fall semester	\$
Cell Phone per month	\$	Supply Costs (<i>do not include computer</i>)	\$
Transportation per month (Gas, insurance, car payment)	\$	Health and Dental Fees	\$
Childcare per month (if applicable)	\$	Other: _____ (Please specify, i.e.: Exam fees, licenses, medicals, etc.)	\$
Other Monthly Expenses: _____ (Please specify, i.e.: bank loan, medical expenses)	\$		
<p>I hereby make the following declaration:</p> <p>1. I have answered all questions, which are applicable to me, and the answers given by me are true.</p> <p>2. I shall be a full-time student for the academic year/semester in which this application is made.</p> <p>3. I have stated my financial situation based on the winter semester.</p> <p>Permission is hereby granted for the Awards Committee to obtain further information required from appropriate individuals/agencies.</p> <p>_____ Name: Print or Sign</p> <p>_____ Date</p>			