College of the North Atlantic Student Union (CNASU) Bursaries

Donor: College of the North Atlantic Student Union (CNASU)

Number of Awards: Two Value: \$250 each

Criteria: Awarded to a student who:

- is enrolled in any full-time certificate or diploma level program;
- has demonstrated exceptional leadership ability at the College or as a volunteer at his/her campus which should be supported by a letter of reference;

The awards are based is volunteerism, financial need, academic merit and reference.

No more than one bursary shall be awarded to a member of the College of the North Atlantic Student Union (CNASU).

Each campus must review all local applications received at their campus for this award and **select four applications** to submit to the Chair of the Provincial Awards Committee. The Provincial Chair will review all submissions and select two recipients. Only one recipient will be a member of the College of the North Atlantic Student Union (CNASU).

An application, a College Financial Statement Form, a College Reference Form and a College and Communities Volunteer Activities Form. First Year students must include a College Transcript or Student Progress Report. Deadline for applications is mid-January. Please see application form for exact date. Application forms are available on the College website.

Please see application on next page.



College of the North Atlantic Student Union (CNASU) Bursary

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

Name:			Student #:
Address:			
Phone #:			
E-mail:			
Program:			
Campus:			
Applicant Checklist: ☐ A College Financial Sta ☐ A College Reference F ☐ A College & Communit ☐ A College Transcript or	orm is attached y Volunteer Activ	vities Form is	attached attached <i>(for 1st year student</i> s <i>only)</i>
his/her campus wh	Two \$250 each Awarded to a sull-time certificate exceptional lead ich should be su	student who: e or diploma lership ability pported by a	evel program; at the College or as a volunteer at College Reference Form College of the North Atlantic
and select four applicants	s to submit to the submissions and	e Chair of the select two re	ed from their campus for this award e Provincial Awards Committee. The ecipients. Only one recipient will be a ion (CNASU).
Are you a member of the	CNASU?	J Yes	□ No
I believe it is important t	o be a leader a	t my campus	s / college because:

I believe it is important to be a volunteer at my campus / college because:	
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 made. 	n is
 I have answered all questions, which are applicable to me, and the answers given by me true. 	are
3. I understand that if selected for an award / scholarship/ bursary I will be required to promy Social Insurance Number, so that a T4A may be issued for income tax purposes.	vide
Permission is hereby granted for the Awards Committee to obtain any further information requ from appropriate individuals or agencies.	irec
I further acknowledge that my personal information (i.e. photo, video, name, program and he community) may be shared with the donor of this award and can be used by CNA for promotic 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 and 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 we be stored in accordance with our normal network and information security measures. For further information about the collection and use of the information please contact the Provincial Awards Chairperson at 709-643-7880. For more information about the ATIPPA please vis	ona ro re r. iill
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.	ation
Signature of Applicant Date	