Flight 491 Memorial Fund
On March 14, 2010, oil and gas industry partners came together to honour those who perished in the tragic Cougar Flight 491 disaster. At that time, they committed to working together with their industry partners to raise enough funds to establish a named endowment to benefit students at each of Memorial University, the Marine Institute, and College of the North Atlantic. The intent with such an endowment is to spend only the interest each year, allowing the fund to remain in perpetuity.

Flight 491 Memorial Fund Bursaries

Donor: Flight 491 Legacy Fund Committee
Number of Awards: Six
Value: $1,393.00
Criteria:

- Full time students entering the first year in any regular program at any campus.
- This bursary is renewable for up to three additional years of consecutive full-time study in the original program, providing the recipient continues to maintain full time status and meet eligibility requirements.
- Based on financial need, academic merit, and reference.
- Preference will be given to the children or spouses of individuals lost or seriously impacted by an industrial accident, such as the crash of Flight 491. Please note that a description must be provided, and confirmation may be required.

Required Documents:

- Application Form
- College Financial Statement
- College Reference Form
- Student Progress Report for Industrial Trade Students (for courses that are still in progress and not on college transcript)

Deadline: Mid-January

Application on next page.

Flight 491 Memorial Fund Bursary

Application must be received by Student Services office by January 19, 2026

Applicant Checklist:

❒ A College Reference Form is attached
❒ A College Financial Statement Form is attached

Name: _____ **Student #:** _____

Address: _____ **College E-mail:** _____

City: _____ **Prov:** _____ **Postal Code:** _____

Program: _____ **Campus:**_____

Year of Program: 1st ❒ 2nd ❒ 3rd ❒ 4th ❒ **Phone #:** _____

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Did an industrial accident affect your family? Yes ❒ No ❒

If yes, please provide an explanation in the box below. (you may attach a separate sheet if you prefer)

Contact name and telephone number for verification purposes:

_____

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

I hereby make the following declaration:

1. I intend to be a full-time student for the academic year/semester for which this application is made.
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.

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 CNA Foundation 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