

Flight 491 Memorial Fund Bursaries

Donor: Flight 491 Legacy Fund Committee

Number of Awards: Three

Value: \$1,509.00

Criteria: 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. This bursary is renewable for up to two additional years of consecutive full-time study in the original program, providing the recipient continues to maintain full time status and meet eligibility requirements. This award is 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 confirmation may be required.

An application form, a College Financial Statement Form, a College Reference Form, and a Student Progress Report for courses that are still in progress and not on their college transcript. 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.



Flight 491 Memorial Fund Bursary

Application must be received by Student Services office by January 22, 2024

Name: _____	Student #: _____
Address: _____	
City: _____	Prov: _____ Postal Code: _____
E-mail: _____	Phone #: _____
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"/>	

Applicant Checklist:

- A College Reference Form is attached
- A College Financial Statement Form is attached
- A Student Progress Report is attached
(Industrial Trades students must include a Student Progress Report for courses that are still in progress and not on their college transcript)

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Preference will be given to the children or spouse of individuals lost or seriously impacted by an industrial accident, such as the crash of Flight 491. If this situation applies to you and your family, please provide a brief statement below. Please note that confirmation may be required. Room is provided to include contact information that we may use to verify this information.

An industrial accident affected my family as follows: (you may attach a separate sheet if needed)

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 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