



January 2022

Dear Applicant:

Attached is an application form for the Fairfax Financial Holdings Limited Entrance Bursary. Valued at \$4,000 this award is donated by Fairfax Financial Holdings Limited and is renewable each year for the duration of the student's program of study provided the student remains in the same program.

The Fairfax Entrance Bursary is available to students who graduated from high school not later than 18 months prior to entrance to their first year of study at the College in September 2022.

The objective of this award is to provide financial assistance to a student who is in financial need and who has achieved at least a 75% average in senior high school marks (Level I, II and III).

If you are successful in obtaining this award, you will be required to apply for renewal for each additional year of your program. In order to qualify for renewal of the award you have to maintain the same financial need as well as maintain a minimum weighted/overall average of 75% in your program of study at the College.

If you are interested in applying for this entrance award, please complete the attached application form and return to the following address no later than **August 26, 2022**.

The application form and all required documents should be mailed or emailed to:

Sandra Lewis
Chairperson, Provincial Awards Committee
College of the North Atlantic
P.O. Box 5400
Stephenville, NL, A2N 2Z6
Email: HQAwardsOffice@cna.nl.ca



Fairfax Financial Holdings Limited Entrance Bursary

Application must be received by August 26, 2022

Name: _____ Student #: _____

Address: _____

Phone #: _____

E-mail: _____

Program: _____

Campus: _____

Applicant Checklist:

- A College Financial Statement Form is attached
- A certified copy of high school marks is attached
- I am a Canadian citizen

Number of Awards: One
Value: \$4,000
Criteria: Based on financial need, the Fairfax Entrance Bursary is available to students who graduated from high school not later than 18 months prior to entrance to their first year of study at the College in September 2022. The award is available to full-time students who are Canadian citizens and who have achieved a minimum of 75% average in senior high school marks (Level I, II and III). Students must not have received a Fairfax award previously.

Did you receive a Fairfax award prior to this application? Yes No

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 2022 semester? Yes No

If you have answered "No" to the above question, do you intend to apply for Student Aid for the Fall 2022 semester? Yes No

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. 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.

Signature of Applicant

Date



Financial Statement

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. For more information about the ATIPPA please visit www.cna.nl.ca/about/atippa.asp.

NOTE	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. Incomplete applications will not be processed.	Deadline Date: August 26, 2022
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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

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

I will live at home while attending college

I will live away from home 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 Estimated Resources Section and Estimated Expenses MUST be completed. If a section is not applicable to you, please put "Ø" in that section. **You may be required to show documentation of expenses.**

PLEASE ENSURE TOTALS ARE INSERTED FOR RESOURCES/EXPENSES COLUMNS.

YOU MUST SHOW RESOURCES, INCOMPLETE FORMS WILL NOT BE CONSIDERED.

Estimated costs **MUST** be stated by a 16-week semester (i.e. Rent at \$100 per week must be stated as \$1600)

Use Fall Semester resources and expenses

Estimated Resources		Estimated 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
Personal Contribution (per semester)		College Expenses (per semester)	
1	Savings: Personal savings & RESP	18	Tuition
2	Income from employment while attending school (during a 16-week semester)	19	Fees (i.e.: audit fee, exam fee, confirmation fee, certification fee, etc.)
3	EI benefits per semester while studying	20	Books
4	Funding (i.e.: IPGS, First Nations, etc.). Including tuition paid by the agency.	21	Supply Costs
5	Other income: (i.e.: investments, rental property, etc.) _____	22	Health & Dental Insurance
Student Assistance (per semester)		Transportation Expenses (per semester)	
6	Provincial Student Grant (per semester)	23	Transportation – Private vehicle owner (i.e.: payment, insurance, gas, maintenance)
7	Federal Student Grant (per semester)	24	Transportation – Public (i.e.: Bus pass/taxi/carpool)
8	Bursaries, Scholarships, and Awards	25	One return trip to college – claim \$20 per 100 kms for distance from permanent to local address or provide proof of airline ticket
9	Tuition Vouchers (SWASP, etc.)	Living Expenses (per semester)	
10	Other income:(i.e.: CPP, Pension Benefits, etc.) _____	26	Rent or Mortgage - Room / Apartment (include only your portion if sharing accommodations)
Other Contributions (per semester)		27	Food/ Meal Plan
11	Contributions from parents/guardians	28	Utilities (Heat & Lights) (include only your portion if sharing)
12	Contributions from spouse	29	Phone
13	Other income: _____	30	Internet (include only your portion if sharing)
ADD 1 – 13: Total Resources		31	Child Care
\$		Other Expenses (per semester)	
Debt-Related Resources (per semester)		32	Other medical cost (not covered under insurance plan) _____
14	Provincial Student Loan (per semester)	33	Other (please specify): _____
15	Federal Student Loan (per semester)		
16	Credit Card/Bank Loan/Student Line of Credit		
17	Other (please, specify): _____		
ADD 14-17: Total Debt-Related Resources		ADD 18 – 33: Total Expenses	
\$		\$	
ADD 1-17: Grand Total			

Please attach a separate sheet if more space is required.

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.

Signature of Applicant

Date