Fry Family Foundation Bob Dawson Bursary (Community Centre Alliance)

New*

Donor: Fry Family Foundation

Number of Awards: Four Value: \$2500 each

Criteria: Awarded to a full-time student enrolled in any certificate, diploma or degree-level program for the first time at any post-secondary institution. This award is based on financial need, essay and completion of high school or equivalent. Students must be a resident of St. John's, NL and presently reside in a NL Housing Corporation housing unit in the areas of Froude Avenue, Buckmaster's Circle, Virginia Park, MacMorran, Chalker Place, Eric McKay, Rabbittown and New Pennywell OR active program participant in one of the following five community centres: Froude Avenue Community Centre, Buckmaster's Circle Community Centre, Virginia Park Community Centre, MacMorran Community Centre and Rabbittown Community Centre.

Applicants are strongly encouraged to contact the CCA at contact@ccanl.ca to arrange a one-on-one application support with a CCA staff member.

The application form must be completed fully to include: an Student Information, Financial Statement Section, a 250-word Impact Essay and the Eligibility Approval Form signed by a Community Center Representative. A transcript from High School, ABE or GED and CNA Acceptance Letter are required. Deadline for applications is July 26, 2024. Application form is on the next page.

Please see application on next page.



Fry Family Foundation Bob Dawson Bursary

(Community Centre Amance) Application must be received by Student Services office by July 26, 2024
Name: CNA Student #:
Address:
Phone #:
E-mail:
Program:
Campus:
Applicant Checklist: □ College Acceptance Letter is attached □ Approval from Community Centre Alliance □ Financial Statement section completed □ A 250-word impact essay □ Resident of NL Housing Corporation housing unit in the areas listed below OR □ Actively participate in one of the below five community centres listed below □ A transcript from High School, ABE or GED is attached.
Donor: Fry Family Foundation Number of Awards: Four Value: \$2500 each (renewable annually) Criteria: Awarded to a full-time student enrolled in any certificate, diploma or degree-level program for the first time at any post-secondary institution. This award is based on financial need, essay and completion of high school or equivalent. Students must be a resident of St. John's, NL and presently reside in a NL Housing Corporation housing unit in the areas of Froude Avenue, Buckmaster's Circle, Virginia Park, MacMorran, Chalker Place, Eric McKay, Rabbittown and New Pennywell OR active program participant in one of the following five community centres: Froude Avenue Community Centre, Buckmaster's Circle Community Centre, Virginia Park Community Centre, MacMorran Community Centre and Rabbittown Community Centre.
Applicants are strongly encouraged to contact the CCA at contact@ccanl.ca to arrange a one-on-one application support with a CCA staff member.
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED
The bursary application form and all required documents must be sent by July 26, 2024 to: Sandra Lewis Chairperson, Provincial Awards Committee College of the North Atlantic P.O. Box 5400 Stephenville, NL, A2N 2Z6 Email completed applications to: HQAwardsOffice@cna.nl.ca
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, name, video, program, and home community)

 $College\ of\ the\ North\ Atlantic\ is\ an\ educational\ body\ of\ the\ Government\ of\ Newfoundland\ and\ Labrador,\ and\ is\ therefore\ subject\ to\ the\ Access\ to$ Information and Protection of Privacy Act, 2015 (ATIPPA). The college's Student Services Department and the Alumni & Advancement Office are collecting $your\ personal\ information\ to\ process\ the\ scholarship\ application.\ The\ personal\ information\ you\ provide\ may\ be\ disclosed\ to\ the\ donor.\ This\ personal\ perso$ 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.

Thave read and understand the Privacy	Statement above and consent to the	e collection and use of this personal	i iriiorriation.

Name: Print or Sign	 Date	
G		LS-REG-AWD-PR-262-24-01-16



Financial Statement

NOTE		information you provide, the bette ou, please put "N/A" in that section of be processed.		can be as	ssessed.
1. STUDENT IN	FORMATION		Deadline:	July 26	6, 2024
Name				A	∖ge
Student Number:	Campus:	Program:	Year: □ 1 st	□ 2 nd	□ 3 rd
2. Please check	call the boxes that apply t	to your living situation:			
☐ I will live at home	while attending college				
☐ I will live away fro	om home while attending co	llege Kms from hometow	n to colleg	e:	
☐ I am married/com	nmon-law without dependen	ts			
☐ I am married/com	nmon-law with dependents	Number of dependents: _		_	
☐ I am a single pare	ent Number of depende	nts:			
Parental or Househo Over 100,000	old Income: 🛚 Below 50,00	0 🗖 50,000 – 75,000 🗖 7	75,000 – 1	00,000	
3. Please check	call the boxes that apply t	to your funding for college	:		
☐ I am receiving a s	student loan through Studer	nt Aid NL or Student Aid from	another p	rovince	
☐ I am receiving a s	student loan or student line	of credit through a financial i	nstitution (I.e.: bar	nk)
		ent of Immigration, Population and Social Development (CS		and Skill	S
☐ I am receiving fur another Indigenous (<u> </u>	dent (I.e.: First Nation, Nunat	siavut, Nui	natuKav	rut or
☐ Other:					
(i.e.: single լ disability, etc	parent family, other sibling	ny circumstances you feel gs in school, parents unem e space is required.			

STATEMENT OF FINANCIAL NEED

Financial need will be determined from the budget below.

The Income Section and Expenses Section MUST be completed.

You may be required to show documentation of expenses

You may be required to show documentation of expenses YOU <u>MUST</u> SHOW INCOME, INCOMPLETE FORMS WILL NOT BE CONSIDERED.

Income and Expenses **MUST** be calculated for a 16-week semester (i.e. Rent at \$100 per week must be stated as \$1600)

Use **Fall Semester resources and 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
	INCO	ME	
Student Aid Loan	\$	Family Support	\$
Student Aid Grant	\$	Bursaries, Scholarships, and Awards	\$
Savings for Winter Semester	\$	Tuition Vouchers (SWASP, etc.)	\$
Funding (i.e.: IPGS, Indigenous, EI, etc., including tuition, living allowances and other expenses paid by the agency)	\$	Employment	\$
Bank Loan (Credit card, student line of credit)	\$	Other income (i.e.: CPP, Pension Benefits, etc.)	\$
Total Income:	\$		
EXPENSES			
Housing (Rent, mortgage, utilities, internet, cable - Include only your portion if sharing)	\$	Tuition and Fees	\$
Food/ Meal Plan	\$	Books	\$
Cell Phone	\$	Supply Costs (do not include computer)	\$
Transportation (Gas, insurance, car payment)	\$	Other Expenses (please, specify): (i.e.: bank loan, medical expenses, airfare)	\$
Child Care	\$	Total Expenses:	\$
NET INCOME			
Incom	e - Expenses =	\$	
I hereby make the following declaration: 4. I have answered all questions, which are applicable to me, and the answers given by me are true. 5. I shall be a full-time student for the academic year/semester in which this application is made. 6. 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.			
Name: Print or Sign		Date	



Impact Essay

Please complete a maximum 250-word essay, including the following:

- Why you chose your program?
- How will this bursary impact you and your career aspirations?
- Why do you believe you are a good candidate for this bursary?





Eligibility and Approval Form

APPLICANT'S NAME:
By applying, applicants are aware that applicant contact information may be shared with the Fry Family Foundation, the Community Centre Alliance, and the Fry Family Foundation Scholarship Alumni Program.
I, consent to sharing all information on this application form with the donor and CCA if selected as the successful recipient.
IMPORTANT NOTES:
 This award is renewable for up to three additional years. However, students must maintain in clear academic standing annually and must remain in the same program or related program.
 Applicants are strongly encouraged to contact the CCA at contact@ccanl.ca to arrange a one-on-one application support session with a CCA staff member. The CCA and Community Centre Staff will provide outreach to their communities regarding this bursary and will support students through the application process.
 Deferral of the scholarship either after high school or during post-secondary is not permitted except in extenuating circumstances such as a health or family emergency. In such scenarios appropriate documentation may be required.
 Recipients of the bursary will be assigned a Community Centre Alliance representative who are available to provide support for students during and after their post-secondary education.
 Recipients are expected to maintain periodic contact with this representative.
 Recipients will be invited to attend an annual awards ceremony hosted by the FFF and CCA
 Recipients are encouraged to join the FFF Scholarship Alumni Program.
CCA APPROVAL REQUIRED: (Please print)
Name of Community Centre Representative:
Position Title:
Name of Community Centre:
Phone: Email:
Signature: Date:
I, verify that the applicant is one or more of the following: □ Resident of NL Housing Corporation housing unit in the areas listed below <u>OR</u>
☐ Actively participates in one of the five community centres listed below
<u>Areas:</u> Froude Avenue, Buckmaster's Circle, Virginia Park, MacMorran, Chalker Place, Eric McKay, Rabbittown and New Pennywell
<u>Community Centres:</u> Froude Avenue Community Centre, Buckmaster's Circle Community Centre, Virginia Park Community Centre MacMorran Community Centre and Rabbittown Community Centre