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January 2026

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 2026.

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. To qualify for renewal of the award you must 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 it to the following address no later than **July 27, 2026**.

**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](mailto:HQAwardsOffice@cna.nl.ca)



# Fairfax Financial Holdings Limited Entrance Bursary

Application must be received by July 27, 2026

Name: _____	Student #: _____
Address: _____	Phone #: _____
City: _____	Prov: _____ Postal Code: _____
Program: _____	Campus: _____
Contact Email: _____	

### Applicant Checklist:

- A College Financial Statement Form is attached
- An Impact essay is attached
- A copy of high school marks is attached (Graduated status)
- 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 2026.
- 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 2026-2027 academic year. Yes  No

Have you already applied for Student Aid for the Fall 2026 semester? Yes  No

If you have answered “No” to the above question, do you intend to apply for Student Aid for the Fall 2026 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](http://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**

***What's your financial situation and how will receiving this award impact you?***



# 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 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](http://www.cna.nl.ca/about/atippa.asp).

<b>NOTE</b>		<b>Incomplete applications will not be processed.</b>		<b>Deadline Date: July 27, 2026</b>	
<b>1. STUDENT INFORMATION</b>					
Name:				Age:	
Student Number:	Campus:	Program:	Year:		
			<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>		

<b>2. Please check all the boxes that apply to your living situation:</b>					
<input type="checkbox"/> I will live with my parent(s)/guardian(s) while attending college.					
<input type="checkbox"/> I will live away from parent(s)/guardian(s) while attending college. Kms from hometown to college: _____					
<input type="checkbox"/> I am an independent student. (a person who is responsible for own living arrangements & finances prior to starting college)					
<input type="checkbox"/> I am married/common-law without dependents.					
<input type="checkbox"/> I am married/common-law with dependents. Number of dependents: _____					
<input type="checkbox"/> I am a single parent. Number of dependents: _____					
Parental or Household Income: <input type="checkbox"/> Below 50,000 <input type="checkbox"/> 50,000 – 75,000 <input type="checkbox"/> 75,000 – 100,000 <input type="checkbox"/> Over 100,000					

<b>3. Please check all the boxes that apply to your funding for college:</b>					
<input type="checkbox"/> I am receiving a student loan through Student Aid NL.					
<input type="checkbox"/> I am receiving a student loan from another province. Please specify province: _____ <b>(Notice of Assessment must be submitted with this form)</b>					
<input type="checkbox"/> I am receiving a student line of credit through a financial institution (I.e.: bank)					
<input type="checkbox"/> I am receiving funding through the Dept of Jobs, Immigration and Growth (JIG), EI, or the Department of Children, Seniors, and Social Development (CSSD)					
<input type="checkbox"/> I am receiving funding as an Indigenous student: _____ (I.e.: First Nations, Inuit, Métis, or other)					
<input type="checkbox"/> Other Funding (not listed above): _____					

<b>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.</b>					

**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 income & expenses\*\***

**YOU MUST SHOW INCOME; INCOMPLETE FORMS WILL NOT BE CONSIDERED.**

**INCOME (Fall semester)**

Student Aid Loan (as shown on assessment for Sept – Dec 2026) <i>(For Student Aid outside of NL, you must submit your Notice of Assessment)</i>	\$	Family Support (i.e.: parents, spouse, grandparents, etc.)	\$
Student Aid Grant (as shown on assessment for Sept – Dec 2026) <i>(For Student Aid outside of NL, you must submit your Notice of Assessment)</i>	\$	Bursaries, Scholarships, and Awards	\$
Savings and/or RESP (Education Fund) <i>(Please check box (s) that apply, and the amount for the Fall semester)</i>	Savings <input type="checkbox"/> RESP <input type="checkbox"/> \$	Tuition Vouchers (SWASP, etc.)	\$
Funding (specify): _____ <i>(i.e.: JIG, Indigenous, EI, etc., include tuition, living allowance and other expenses paid by the agency)</i>	\$	Employment while attending college <i>(Please check box, and estimate income for the Fall semester)</i>	Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> \$
Bank Loan (For Fall semester only) <i>(Credit card, and /or student line of credit)</i>	\$	Other income: _____ <i>(i.e.: CPP, Pension Benefits, Workers Comp)</i> <b>*Do not include Child Benefit (NLCB)</b>	\$

**MONTHLY EXPENSES**

**COLLEGE EXPENSES (Fall semester)**

Housing per month (Add together your rent/mortgage, utilities, internet, cable) <b>*Include only your portion if sharing</b>	\$	Tuition and Fees for Fall semester	\$
Food / Meal Plan per month	\$	Books for Fall semester	\$
Cell Phone per month	\$	Supply Costs <i>(do not include computer)</i>	\$
Transportation per month <i>(Gas, insurance, car payment)</i>	\$	Health & Dental Fees	\$
Childcare per month (if applicable)	\$	Other: _____ <i>(Please specify, i.e.: Exam fees, licenses, medicals, etc.)</i>	\$
Other Monthly Expenses: _____ <i>(Please specify, i.e.: bank loan, medical expenses)</i>	\$		

**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 the winter semester.

**Permission is hereby granted for the Awards Committee to obtain further information required from appropriate individuals/ agencies.**

\_\_\_\_\_  
Name: Print or Sign

\_\_\_\_\_  
Date