



**CICan Paul and Gerri Charette
Bursary Program**

Expression of Interest

Application must be received by October 3, 2022

Name: _____	Student #: _____
Address: _____	
Phone #: _____	
E-mail: _____	
Program: _____	
Year of Program: _____	
Campus: _____	

The [CICan Paul and Gerri Charette Bursary Program](#) aims to provide financial support to college students that demonstrate financial need and who face greater challenges and barriers to participate and complete their post-secondary education. Students attending colleges or institutes in rural, remote, or northern areas will be given preference for the 20 bursaries up to \$5,000 each. Interested students at College of the North Atlantic will submit a completed application to their Campus Awards Rep. One application will be chosen by the provincial selection team and then submitted to CIGAN on behalf of the College.

Applicant Checklist:

- A College Financial Statement Form is attached
- Three letters of support are attached. This can include a past or current employer, teacher, college administrator, member of a community or campus organization, someone involved in student services or a faculty member. It is recommended to include an academic letter referencing dedication to chosen program and academic drive. Another letter referencing student involvement and community drive. (Must be submitted electronically in a word or PDF file)
- A short essay (max 10,000 characters) describing your financial need, the impact that the bursary will have on your ability to attend a college and your involvement in the community. (Must be submitted electronically in a word or PDF file)

I have not attended a post-secondary institution prior to my current program Yes No

I am a Canadian citizen, landed immigrant, permanent resident, or a protected person Yes No

Number of Awards: One nomination from CNA

Value: up to \$5000.00

Criteria: Awarded to a full time student in the first or second year of a two or three year diploma program at any campus. This bursary is based on financial need, community involvement, essay and references. Students must apply to the College, one student will be recommended to the CIGAN. CIGAN will make final selections.

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 to Apply: Monday, October 3, 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 (<i>do not include computer</i>)	
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
Debt-Related Resources (per semester)		Other Expenses (per semester)		
14	Provincial Student Loan (per semester)	32	Other medical cost (not covered under insurance plan) _____	
15	Federal Student Loan (per semester)	33	Other (please specify): _____	
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