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## Student Bursary Application

**Closing Date: October 15, 2022**

Dear Applicant:

Enclosed is an application form for the Braefoot Community Association Student Bursary/Scholarship. Please take the time to read this letter and apply if you are eligible.

### **Our Board of Directors**

#### **Chair**

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Tom Martin

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These are annual bursaries that are to be awarded to a student(s) attending any accredited post-secondary educational institution in Canada on a full-time basis. Eligible candidates must demonstrate a connection with the Greater Victoria community - for example, he or she was raised in the Victoria area or attended high school in the Victoria area.

The Braefoot Community Association will adjudicate all applications and will select the winner(s) after considering the applicants' credentials as defined below:

1. Evidence of academic achievement that qualifies the applicant for entrance into a recognized post-secondary institution.
2. Evidence of financial need
3. Evidence of being a positive role model for youth (ie. coaching, instruction, big brothers/ sisters)
4. Evidence of interests / hobbies, volunteer and other community activities.

All students at any point in their post-secondary studies are invited to apply. Bursaries/Scholarships are presented at our annual Friends of Braefoot dinner in October.

Sincerely,

The Board of Directors,  
Braefoot Community Association.



Please Print and Complete All Answers

1. STUDENT INFORMATION

NAME: \_\_\_\_\_

PERMANENT ADDRESS: Street \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

MAILING ADDRESS (if different from #2): Street \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

PHONE NUMBER(s): HOME \_\_\_\_\_ OTHER \_\_\_\_\_

E-MAIL: \_\_\_\_\_

BIRTH DATE: DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

SIN # \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

2. EDUCATION INFORMATION

NAME AND ADDRESS OF SCHOOL(S) ATTENDED IN THE LAST 3 YEARS:

Name of School	Address

IF NOT INCLUDED ABOVE, WHAT HIGH SCHOOL DID YOU GRADUATE FROM?

\_\_\_\_\_

SCHOLASTIC RECORD FOR THE LAST 2 YEARS:

Name of Institute	Grade Average	Dates Attended

SCHOOL YOU PLAN TO ATTEND \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

Prov/State \_\_\_\_\_ Country \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

STUDENT NUMBER: \_\_\_\_\_

PROGRAM \_\_\_\_\_

FULL-TIME

PART-TIME

INTENDED FIELD OF STUDY: \_\_\_\_\_

LIST OF HONOURS, AWARDS, OR SCHOLARSHIPS YOU HAVE RECEIVED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LIST TWO NAMES WHICH MAY BE CONTACTED AS ACADEMIC REFERENCES:  
 (Both must be drawn from academic sources familiar with your studies)

<b>Name</b>	<b>Phone</b>
<b>Institution</b>	<b>Title</b>
<b>Name</b>	<b>Phone</b>
<b>Institution</b>	<b>Title</b>

PLEASE SEND COPIES OF THE FOLLOWING:

1. Your last year’s official record of marks (all courses).
2. Two letters of reference.

**3. FINANCIAL INFORMATION**

EMPLOYMENT RECORD FOR THE LAST 2 YEARS, INCLUDING SUMMER AND PART-TIME WORK:

<b>Employer</b>	<b>Address</b>	<b>Year</b>	<b>Occupation</b>	<b>Supervisor</b>

GIVE DETAILS OF ANY FINANCIAL ASSISTANCE FOR THE COMING YEAR FOR WHICH YOU INTEND TO APPLY (E.G., Loans, Scholarships, etc.):

<b>Type</b>	<b>Source</b>	<b>Amount</b>

ARE YOU RECEIVING MONTHLY INCOME? (I.E., Part-time wages, work-study or other)                      Y    N

If yes, how much do you receive per month? \_\_\_\_\_

DO YOU AND/OR YOUR SPOUSE OWN OR LEASE A MOTOR VEHICLE(S)?    Y    N

If yes, what is the estimated resale value? \_\_\_\_\_

DO YOU OWN ANY OTHER ASSETS SUCH AS RRSPS, GICS, TERM DEPOSITS, ETC?    Y    N

If yes, what is the total value of those assets? \_\_\_\_\_

DO YOU HAVE ANY SAVINGS?    Y    N

If yes, how much are your savings? \_\_\_\_\_

ARE YOU PAYING RENT, MORTGAGE, OR ROOM AND BOARD?    Y    N

If yes, how much do you pay per month? \_\_\_\_\_

ARE YOU PAYING DAYCARE COSTS THAT ARE NOT SUBSIDIZED?    Y    N

If yes, how much do you pay per month? \_\_\_\_\_

ANY OTHER FINANCIAL CIRCUMSTANCES THAT YOU FEEL NEED TO BE CONSIDERED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. BURSARY INFORMATION

PLEASE DESCRIBE HOW YOU HAVE SERVED AS A POSITIVE ROLE MODEL FOR YOUTH:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE DESCRIBE YOUR INTERESTS AND HOBBIES, VOLUNTEER AND OTHER COMMUNITY ACTIVITIES. WHAT ARE YOUR PLANS FOR THE FUTURE?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHY ARE YOU APPLYING FOR THIS BURSARY AND HOW WILL RECEIVING THE BURSARY MAKE A DIFFERENCE TO YOU?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. CONDITIONS AND DECLARATION OF APPLICANT

Please enter a check mark in the boxes beside each statement as your acknowledgment of each condition:

. I WILL NOTIFY THE BRAEFOOT COMMUNITY ASSOCIATION IF INFORMATION I HAVE GIVEN ON THIS FORM CHANGES IN ANY WAY. SOME OF THE CHANGES I AM REQUIRED TO LET THEM KNOW ABOUT ARE:

- Change in my address and/or phone number;
- Change in the amount of money I have for my education from a student loan, work, parent(s) or other relative(s), other income;
- Change in marital status or family; an
- Change in educational situation, i.e., drop class(es), do not maintain passing grades, take longer to finish courses.

. I GIVE PERMISSION TO THE BRAEFOOT COMMUNITY ASSOCIATION TO CHECK INFORMATION ON MY BURSARY APPLICATION AND TO DISCUSS WITH GOVERNMENT STUDENT LOAN STAFF ANY INFORMATION ON MY STUDENT LOAN APPLICATION.

. I AM REQUIRED TO HAVE A VALID SOCIAL INSURANCE NUMBER TO BE ELIGIBLE FOR THIS PROGRAM.

. IF I AM RECEIVING INCOME ASSISTANCE OR STUDENT LOAN/GRANT ASSISTANCE, I AM REQUIRED TO NOTIFY THEIR OFFICE OF ANY BURSARY OR BURSARIES I RECEIVE.

**Why we ask these questions:**

We ask for this information in order to give bursaries in the fairest way possible to students who meet the bursary guidelines. The information you give on your application may be checked with information given on your student loan application. As well, your registration, enrollment, class attendance/progress and grade-point average may be checked with registration records, faculty, staff, in order to verify your eligibility for financial assistance. If you have any questions about how this information is used, please contact The Braefoot Community Association.

**DECLARATION OF APPLICANT**

"I \_\_\_\_\_ do solemnly declare:

A) That to the best of my knowledge and belief the required information supplied is complete and accurate in every respect;

**AND**

B) That any monies issued on the basis of this application will be used only for valid educational tuition associated with my studies."

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_