

Name: _____

John Bernard Kennedy Bursary Application Package

THE JOHN BERNARD KENNEDY TRUST BURSARY

In May 2001 the Simcoe County District School Board was advised that the late John Bernard Kennedy had included a bequest in his will to provide scholarships for graduating students of Elmvale District High School. The will directed the Simcoe County District School Board, through its Scholarship and Trust Fund, to provide scholarships “to benefit those who may not otherwise be able to afford to attend a post secondary educational facility”. Scholarships, totaling ten thousand dollars, will help the recipients pay for a significant portion of their first year expenses. Graduating students who are proceeding to post-secondary education are eligible to apply for the bursary.

Instructions:

- ** Please print a copy of this application, complete it fully, and submit it to Mrs. Georgy-Jenkinson.
- ** Paper copies of the application and all supporting documentation must be submitted by the due date:

Tuesday, June 2, 2020 @ 3:30 pm: Deadline for submitting completed applications
to Student Services; **no new applications will be
accepted after this deadline**

The bursaries will be awarded upon confirmation that the student has accepted an offer of admission from a recognized post-secondary educational institution.

Applicants will be required to provide information on their potential sources of revenue (current part time work, summer employment, etc.). Parents/Guardians will be asked to provide additional financial information to assist the selection committee in determining which applicants demonstrate the greatest financial need. This information will only be shared with members of the selection committee. All application material will be shredded six months after the bursary is presented.

THE JOHN BERNARD KENNEDY BURSARY

Application Form

SECTION A: Personal Information

Student's Full Name _____

Permanent Ontario Address _____

Telephone Number: _____

E-Mail Address _____

SECTION B: Family Information

Please describe your current living arrangement: _____

Do you have siblings? _____ YES _____ NO

If YES, please complete the information below:

Name	Age	School (if attending)	Employer (if full time)

SECTION C: Post-Secondary Information

Provide the name of the post-secondary institution at which you have accepted an offer of admission, and its location.

Which campus or college of the above institution will you be attending (if applicable)?

What is the name of the program? _____

How long will it take you to complete this program and graduate (in years)? _____

What will you graduate with (name of degree, diploma or certificate)?

Will you be attending:

Full time

Part time

Taking this program through online courses or an alternate delivery method

Is this a co-operative education program? YES NO

During your first year at school, where will you be living?

At home

With other family members at another location

In residence

Sharing an apartment / off-campus housing

Other: _____

What do you anticipate will be your **MONTHLY** expenses for:

Housing and meals? _____

Transportation? (car payments, gas, insurance, servicing, bussing, etc.)

What are your anticipated academic expenses for the upcoming year?

_____ Tuition

_____ Textbooks

_____ Other program-related expenses

SECTION D: Personal Financial Information

Please provide accurate estimates of earnings. All information will be kept confidential.

Do you currently have a part time job? YES NO

If YES, provide a brief description:

How many hours did you work in an average week during the school year? _____

What is your average weekly take home pay? _____

Do you anticipate that this job will provide 30-40 hours of work per week during the summer months? _____ YES _____ NO

If NO, do you have another summer job arranged? Please provide details:

Over the two summer months, how much do you think you will earn (before taxes)? Of that, how much money do you plan to save for your post-secondary education?

Earnings _____

Savings _____

During the upcoming school year, will you have income from any of the following sources? (check off those that apply)

_____ Employment Insurance

_____ Family Benefits

_____ Income from Children's Aid

_____ Canada Pension Plan

_____ Aboriginal Student Support Programs

_____ Ontario Works

_____ Part-time job

_____ Other: _____

Estimate the monthly income from these sources: _____

Please list all other Scholarships, Bursaries, Awards or Work Study Programs you have applied for:

Name	Amount	Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach an additional list if needed.

OSAP: Once you have completed your online OSAP application, please print and submit a copy of the estimate you have received. You must complete your application before printing the estimate.

