

Science Engagement Programs Financial Assistance Application Form



Please carefully review our Bursary Policy before filling out an application. Please ensure all sections are fully complete before submitting.

STUDENT INFORMATION

Please enter a maximum of two students who would like to receive bursary funds. You must be the legal guardian for any students listed on this application. Please note that we are unable to guarantee either full or partial bursary funding to all eligible applications. Amongst other factors, funding is dependent upon monies available.

Student 1:

_____ (Last Name)

_____ (First Name)

Student's primary residence is with

Current Grade:

Birth Date (MM/DD/YYYY):

Please select which program you are applying for:

1st Choice:

_____ Course Title

_____ Course Dates

2nd Choice:

_____ Course Title

_____ Course Dates

Student 2:

_____ (Last Name)

_____ (First Name)

Student's primary residence is with

Current Grade:

Birth Date (MM/DD/YYYY):

Please select which program you are applying for:

1st Choice:

_____ Course Title

_____ Course Dates

2nd Choice:

_____ Course Title

_____ Course Dates

Why would your child(ren) like to attend a Science Engagement Program?

Science Engagement Programs Financial Assistance Application Form

PARENT/GUARDIAN INFORMATION

Primary Parent or Guardian Contact Information

(Last Name)

(First Name)

Relationship to student:

Home Address:

(Street Address)

(City)

(Province)

(Postal Code)

Day Phone:

Secondary Phone:

E-mail address:

How did you hear about Science Engagement Programs? (Please check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Google Search | <input type="checkbox"/> School (Teachers, Guidance, etc.) | <input type="checkbox"/> Community Centre |
| <input type="checkbox"/> Science Engagement Website | <input type="checkbox"/> International School (Teachers, Guidance) | <input type="checkbox"/> Family/Friends |
| <input type="checkbox"/> Newspaper Article | <input type="checkbox"/> Other: | |

Secondary Parent or Guardian Contact Information

(Last Name)

(First Name)

Relationship to student:

Home Address: Same as Primary Parent/Guardian

If home address is different than above:

(Street Address)

(City)

(Province)

(Postal Code)

Day Phone:

Secondary Phone:

E-mail address:

Please note: additional info regarding family status and pick-up/drop-off arrangements will be requested upon confirmation of registration.

Science Engagement Programs Financial Assistance Application Form

DEPENDENTS

Please list all adults (18+) in household, including yourself:

<u>Name</u>	<u>Employment Status</u>	<u>Income</u>	<u>Is this person a dependent?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list child dependents (age 17 and under) in household, including the student(s) being registered:

<u>Age</u>	<u>Relationship to Parent/Guardian</u>	<u>Name of School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please specify if there are any expenses (e.g. medical, tuition) related to the care of any of the dependents of the household.

Science Engagement Programs Financial Assistance Application Form

FINANCIAL INFORMATION

Please include income **from all earners** in the family before taxes, and **attach supporting documents** (see below).

Have you applied for a Science Engagement Bursary before?

Has the student(s) received a Science Engagement Bursary before?

If yes, what year did you receive financial assistance?

How much funding are you requesting per student per camp? \$ _____

Total income of family before taxes (please include all earners): \$ _____

If applicable, please indicate how much child support is received per month: \$ _____

- Please include a **Notice of Assessment from all earners in the family** and at least one of the following:
- | | |
|---|---|
| <input type="checkbox"/> Two consecutive and recent pay stubs | <input type="checkbox"/> Social Assistance (Ontario Works) |
| <input type="checkbox"/> Employment Insurance | <input type="checkbox"/> Guaranteed Income supplement (GIS) |
| <input type="checkbox"/> Workers' Compensation | <input type="checkbox"/> Ontario Disability Support Pension |
| <input type="checkbox"/> Other | |

PARENT/GUARDIAN LETTER

Please outline any circumstances that create a barrier to the student(s) attending our camp. Feel free to attach additional pages if necessary.

Science Engagement Programs Financial Assistance Application Form

Parent/Guardian and Student Agreement

I, the undersigned parent/guardian hereby declare that all information given is true and complete in every respect; that I have answered all questions on this form and that the bursary is essential to the student coming to camp.

I agree to the following terms and conditions:

1. If any circumstances change from those reported on this application I will contact and inform Science Engagement Programs of such changes immediately. Science Engagement Programs reserves the right to rescind any bursaries based on the change or discovery of false information.
2. Should I withdraw the student(s) from the program before or during the program, I will call Science Engagement Programs at 416-736-2100 ext. 44552. Science Engagement Programs will arrange for the student's withdrawal from the camp and will give the bursary to another bursary applicant.
3. The Parent/Guardian will be asked if their child would like to write a Thank You Letter or draw a picture addressed to the bursary donor, upon completion of their time with Science Engagement Programs.
4. I understand that all applications and application information, with the exception of the student's Thank You Letter, will be kept in the strictest confidence. The Thank You Letter will be provided to the funder and used for promotional purposes with the student's name removed.
5. I am the legal guardian for all student(s) listed in this application.
6. I acknowledge that neither full nor partial bursary funding is guaranteed to all eligible applicants.

Parent/Guardian Name: (Please print)

Parent/Guardian Signature (Please sign in blue ink)

Student 1 Name

Student 2 Name

Date: _____

Checklist of Items to Submit:

- Bursary Application form
- Notice of Assessment
- Supporting Financial Documents
- Parent/Guardian letter

PRIVACY NOTICE

Personal information in connection with this form is collected under the authority of *The York University Act, 1965* (S.O. 1965, c. 143, s. 5) and will be used for Science Engagement Programs and related administration or consistent purposes. If you have any questions about the use, collection and disclosure of personal information by Science Engagement Programs, please contact: Program Manager, 334 Lumbers Bldg. 4700 Keele Street, York University, Toronto, ON M3J1P3, 416-736-2100 ext. 44552, explore@yorku.ca.