



Please carefully review our Bursary Policy before filling out a bursary 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 applicants. Amongst other factors, funding is dependent upon monies available.

**Student 1:** Student's primary residence is with:

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(First Name)

Current Grade:

Birth Date (MM/DD/YYYY):

Please select which program you are applying for:

1st Choice:

\_\_\_\_\_  
Course Title

\_\_\_\_\_  
Course Dates

2<sup>nd</sup> Choice:

\_\_\_\_\_  
Course Title

\_\_\_\_\_  
Course Dates

Is Extended After-Care required?

*Applicable only to SciX: Science Explorations Summer Camp and March Break Science Camp. Extended After-Care is additional pick-up time from 5 pm - 6 pm, provided for an additional fee of \$25.00. The Extended After-Care fee is excluded from consideration with the bursary.*

**Student 2:** Student's primary residence is with:

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(First Name)

Current Grade:

Birth Date (MM/DD/YYYY):

Please select which program you are applying for:

1st Choice:

\_\_\_\_\_  
Course Title

\_\_\_\_\_  
Course Dates

2<sup>nd</sup> Choice:

\_\_\_\_\_  
Course Title

\_\_\_\_\_  
Course Dates

Is Extended After-Care required?

*Applicable only to SciX: Science Explorations Summer Camp and March Break Science Camp. Extended After-Care is additional pick-up time from 5 pm - 6 pm, provided for an additional fee of \$25.00. The Extended After-Care fee is excluded from consideration with the bursary.*

**Why would your child(ren) like to attend Science Engagement Programs?**



## PARENT/GUARDIAN INFORMATION

### Primary Parent or Guardian Contact Information

(Last Name)

(First Name)

Relationship to student(s):

Home Address:

(Street Address)

(City)

(Province)

(Postal Code)

Day Phone:

Secondary Phone:

E-mail address:

How did you hear about our 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(s):

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.



## 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?

Have any of your children received a Science Engagement Bursary before?

If yes, what year did they receive a bursary?

Number of dependent children in family: \_\_\_\_\_

Total amount you are able to contribute per student/per week of camp: \$\_\_\_\_\_

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

- Please include a **Notice of Assessment from all earners in the family** and at least one of the following:
- Two consecutive and recent pay stubs
- Employment Insurance
- Workers' Compensation
- Other:
- Social Assistance (Ontario Works)
- Guaranteed Income Supplement (GIS)
- Ontario Disability Support Pension

## PARENT LETTER (optional)

Do you have any extenuating circumstances that create a barrier to your child(ren) attending our programs? Please outline your circumstances below.



## 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 student(s) will be asked to write a Thank You Letter 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 Name: (Please print)

\_\_\_\_\_  
Parent 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 letter (optional)

### 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 Coordinator, 332 Lumbers Bldg. 4700 Keele Street, York University, Toronto, ON M3J1P3, 416-736-2100 ext. 44552, explore@yorku.ca