

PHONE 250-721-2244

ADDRESS

1440 Harrop Rd, Victoria, BC V8P 2S6

EMAIL admin@braefoot.ca



WEBSITE

www.braefoot.ca

Student Bursary Application

Closing Date: October 14, 2024

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
DirectorsThese 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, they were raised in the
Victoria area or attended high school in the Victoria area.

Directors
Dave Ramsay
Dave Cutler
Cyrus Kanga
Cameron Parks
Lee Richardson
Torsten Schulz

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

PROMOTING ACTIVE

HEALTHY COMMUNITIES



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Please Print and Complete All Answers

1. STUDENT INFORMATION

NAME:		
City	ProvPostal Code	
MAILING ADDRESS (if different from #2): Street		
City	ProvPostal Code	
PHONE NUMBER(s): HOME	OTHER	
E-MAIL:		
BIRTH DATE: DAY MONTH Y	′EAR	
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 _____

PART-TIME







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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)

Name	Phone
Institution	Title
Name	Phone
Institution	Title

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:

Employer	Address	Year	Occupation	Supervisor

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

Туре	Source	Amount

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

	PHONE 250-721-2244 EMAIL admin@braefoot.ca	ADDRESS 1440 Harrop Rd, Victoria, BC V8P 2S6 WEBSITE www.braefoot.ca
DO YOU AND/OR YOUR SPOUSE OWN OF If yes, what is the estimated resale value? DO YOU OWN ANY OTHER ASSETS SUCH If yes, what is the total value of those assets? DO YOU HAVE ANY SAVINGS? If yes, how much are your savings? ARE YOU PAYING RENT, MORTGAGE, OR If yes, how much do you pay per month?	AS RRSPS, GICS, TERM DEPOSITS, ET ?Y N ROOM AND BOARD? Y N	-C? Y N
ARE YOU PAYING DAYCARE COSTS THAT If yes, how much do you pay per month? ANY OTHER FINANCIAL CIRCUMSTANCES		
3. BURSARY INFORMATION PLEASE DESCRIBE HOW YOU HAVE SER	VED AS A POSITIVE ROLE MODEL FOR	YOUTH:
PLEASE DESCRIBE YOUR INTERESTS AN ARE YOUR PLANS FOR THE FUTURE?	ID HOBBIES, VOLUNTEER AND OTHER (COMMUNITY ACTIVITIES. WHAT
WHY ARE YOU APPLYING FOR THIS BURS	SARY AND HOW WILL RECEIVING THE E	BURSARY MAKE A DIFFERENCE





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4. CONDITIONS AND DECLARATION OF APPLICANT

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

□ I WILL NOTIFY THE BRAEFOOT COMMUNITY ASSOCIATION IF THE 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; and
- 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, and 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

"

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."