



**YMCA of Southwestern
New Brunswick
Endowment Fund Inc.**

Bursary Application

Financial Assistance Program

To be completed by the Applicant – PLEASE PRINT CLEARLY

SECTION ONE: Personal Information

Name: _____

Permanent Address: _____

Date of Birth: _____
Day / Month / Year

Postal Code: _____

Telephone: _____

Email: _____

Social Insurance Number:

Have you received a YMCA Bursary before? Yes No

If 'yes', in what year(s): _____ and in what amount(s): \$ _____

School, College or University you will attend in September:

In what program will you be enrolled in September: _____

Year: _____ (1st, 2nd, etc.)

List any degrees you will have by next September: _____

Extracurricular Activities: _____

Make a complete list of all scholarships, bursaries, grants or loans you will be receiving this year:

<u>NAME</u>	<u>VALUE</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Value: \$ _____	

State the reasons you believe you qualify for the YMCA's Bursary:

Do you receive support in any way from your family: Yes No

If 'yes', please have supporting persons (parents or guardians) complete **Section Two** of this application

Are you are self-supporting, i.e. living away from family home for several years, married etc.:

Yes No

If 'yes' please omit **Section Two**.

SECTION ONE (to be completed by all applicants)

Type of employment during the past year: _____

Actual and expected gross earnings for the past 12 months ending August 31st of the current year. \$ _____ Other: _____

Estimated expenses for Academic year commencing next September: \$ _____

Tuition Fees	Books	Residence	Other	Total Expenses
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Will you be required to take up a temporary residence to attend university?

Yes No

'Self Supporting': as an 'independent' applicant, you must be permanently domiciled outside of the family home for a number of years and receive no financial support from that family. You are required to declare your status, income and assets as well as the status of anyone with whom you may have a partnership. You must provide sufficient detail to justify your financial need. It is recommended that you attach a detailed budget for the next academic year including revenues and expenses.

Income for academic year including earnings/scholarships/bursaries and/or loans:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Income: _____

Expenses for academic year:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Expenses: _____

Declaration of Applicant

I hereby certify that all the information provided in Section One of the application to be true, correct and complete in all respects.

Date:

Signature:

SECTION TWO: Supporting Parents or Guardians

To be completed by parent(s) or guardian(s) in BLOCK LETTERS please:

Parent/Guardian 1

Name: _____	Relationship: _____
Address: _____	Occupation: _____
_____	Home Phone: _____
Street _____	Work Phone: _____
City/Province _____	
Postal Code _____	

Parent/Guardian 2

Name: _____	Relationship: _____
Address: _____	Occupation: _____
_____	Home Phone: _____
Street _____	Work Phone: _____
City/Province _____	
Postal Code _____	

Parents'/Guardians' total combined gross annual income from all sources this year: \$ _____

Parents'/Guardians' annual contributions such as dwellings, clothing, auto and other financial benefits.
Total pre-tax value: \$ _____.

Number of other dependent children attending a post-secondary institution: _____

Number of dependent children living at home: _____

Other supplementary information you wish to provide:

I hereby certify that the information provided in Section Two if this application to be true, correct and complete in all respects.

Date: _____ Signature _____

Date: _____ Signature _____

If only one parent/guardian's income is indicated, please explain.

SECTION THREE: Supporting Documents

The following documentation must be included with the completed application:

- **Current Transcript** including all courses completed at time of application.
- **Post Secondary Acceptance Letter** (for students attending their first year in September)
- **Personal Letter** from applicant outlining goals and reason for applying for this bursary. Demonstration of applicant's commitment to the Y values (responsible, respectful, inclusive, caring and honest) and/or any connection to the YMCA should be highlighted.

The decision of the YMCA of Greater Saint John Endowment Fund Inc. Bursary Committee is final. Notification will only be given to the students awarded the bursary. Successful applicants will be notified no later than June 30th of the current year.

**ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED
BY THE BURSARY COMMITTEE.**

ALL APPLICATIONS MUST BE RECEIVED BY May 1st, 2024.

Please deliver or email your completed application and all required documentation to:

YMCA Endowment Bursary Committee
C/O YMCA of Southwestern New Brunswick
191 Churchill Boulevard
Saint John, N.B., E2K 3E2

If you have any questions regarding this application, please call 634-4927 or email at j.yeomans@yswnb.ca.