Nakonha:ka Regional Council BURSARY Application

**Academic Year 2024 / 2025**

#### Please indicate which Bursary you are applying for:

Hugh Duncan Bursary

(Full-time university studies)

**Fondation I.F.E. Bursary**

(Full or part-time college (CEGEP) studies or part-time university studies)

Have you previously received a grant from either

The Hugh Duncan Bursary Program

or the I.F.E. Bursary Program

Date(s) Received:

Do you have high travel costs within Québec?

This is for the application to the St John’s Hall Bursary program for high travel costs.

**SECTION A: GENERAL INFORMATION**

Last Name: First Name:

S.I.N.\*: (\*required for income tax purposes)

Address: Street:

 Town:

 Postal Code:

Telephone #: ( ) Primary number or cell phone

 ( ) Secondary phone number

E-mail address:

United Church affiliation:

Address:

Institution / University you are attending/plan to attend:

Degree Program:

Expected Date of Graduation:

**SECTION B: SOURCES OF INCOME**

 Actual Estimate

2023/2024 2024/2025

**EDUCATION INCOME** (for example scholarships, bursaries, RESP’s, loans)

Source

 Amount Received Amount

Source

 Amount Received

Source

 Amount Received

##### EMPLOYMENT INCOME

***Jobs***

Employer:

 Amount Received Amount expected

***Academic year part-time***

Employer: Amount Received:

 Other INCOME:

 ***TOTAL INCOME:***

***Parental / Other Contribution If Applicable (Ex: Lodging, Food, Travel, Clothing, Etc.)***

 Amounts:

**SECTION C: CERTIFICATION**

|  |  |  |
| --- | --- | --- |
|   | Check List |  |
| United Church affiliation | Yes |  |
| Completed application form | Yes  |  |
| Cover letter | Yes |  |
| Curriculum vitae | Yes  |  |
|  |  | Date requested |
| Official Transcript | Yes  | \_\_\_\_\_\_\_\_\_\_\_\_ |
| Academic letter of reference | Yes  | \_\_\_\_\_\_\_\_\_\_\_\_ |
| Personal letter of reference | Yes  | \_\_\_\_\_\_\_\_\_\_\_\_ |
| Certificate of United Church membership (or equivalent) | Yes  | \_\_\_\_\_\_\_\_\_\_\_\_ |

**CERTIFICATION**

I certify that the foregoing information is correct and complete.

Signature: Date: