

## APPLICATION FORM

### ABOUT THIS BURSARY

The Education Achievement Bursary assists young people in and from care with the financial costs of tuition, books and supplies for post-secondary academic, technical or academic upgrading. This post-secondary bursary is available to a maximum of \$2,500 per semester.

**NOTE:** Have you looked at the other options for support to pursue your education goals? Check out the [Youth Educational Assistance Fund \(YEAFF\)](#) or the [Agreements with Young Adults \(AYA\)](#) Program for other supports that can help you to cover your education costs.

### ELIGIBILITY

1. You are a former youth in care either under a continuing custody order (CCO) or temporary custody order (TCO, Voluntary Care Agreement or Special Care Agreement) or Youth Agreement in B.C. under the Child, Family and Community Services Act.
2. You are a Canadian Citizen or a Landed Immigrant.
3. You are at least 14 years old and under 25 years old.
4. Must have a cumulative total of 1 year in government care

### PERSONAL INFORMATION

FULL NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

E-MAIL \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS WHILE IN SCHOOL (IF DIFFERENT) \_\_\_\_\_

GENDER  Male  Non binary  Self describe: \_\_\_\_\_  
 Female  Two-Spirited

DO YOU IDENTIFY AS ABORIGINAL:  Status  Non Status  Metis  Inuit

### CARE STATUS INFORMATION

Continuing Custody Order (CCO or Permanent Ward)	From (year): _____	To (year): _____
Voluntary Care Agreement (VCA)	From (year): _____	To (year): _____
Special Needs Agreement (SNA)	From (year): _____	To (year): _____
Youth Agreement	From (year): _____	To (year): _____
Other: _____	From (year): _____	To (year): _____



# DREAM FUND

## Education Achievement Bursary

Updated: July 2017

### SOCIAL WORKER INFORMATION:

NAME OF MOST RECENT SOCIAL WORKER / DAA WORKER: \_\_\_\_\_ PHONE \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

To search for MCFD offices by community please [click here](#).

To access a list of Delegated Aboriginal Agencies please [click here](#)

### EDUCATION HISTORY

Most recent level of education completed:

<input type="checkbox"/>	Grade 12 (or Adult Education)	<input type="checkbox"/>	College Diploma
<input type="checkbox"/>	Program Certificate	<input type="checkbox"/>	University Degree

Name and year of last school attended, or school where your most recent level of education was completed:

### EDUCATIONAL GOALS

Please list the post-secondary institutions that you applied to, have been accepted and plan to attend:

Name of School or Institution: \_\_\_\_\_

Student Number \_\_\_\_\_

Date Accepted \_\_\_\_\_

Intended program of study: \_\_\_\_\_

This program is:  Full time  Part time Length of program: \_\_\_\_\_

Number of years/semesters/hours required for completion: \_\_\_\_\_

Name of School or Institution: \_\_\_\_\_

Student Number \_\_\_\_\_

Date Accepted \_\_\_\_\_

Intended program of study: \_\_\_\_\_

This program is:  Full time  Part time Length of program: \_\_\_\_\_

Number of years/semesters/hours required for completion: \_\_\_\_\_

Please submit a copy of your Letter of Acceptance from the school you will be attending or some form of registration confirmation (for example, a copy of your most recent transcript if you are a current student).

### FINANCIAL ASSISTANCE

Have you applied for any student loans/scholarships/bursaries:  Yes  No

If yes, which ones:

NAME \_\_\_\_\_ AMOUNT \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_ AMOUNT \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_ AMOUNT \_\_\_\_\_ DATE \_\_\_\_\_

TOTAL AMOUNT RECEIVED \_\_\_\_\_

Have you applied for the **Youth Educational Assistance Fund**? For more information about YEAF, [click here](#).

If yes, did you receive it? Yes, amount: \_\_\_\_\_ Date funds received \_\_\_\_\_

No (Why: \_\_\_\_\_)

Have you applied for educational funds through the **Agreements with Young Adults (AYA) Program**? For information on tuition wavers in BC, [click here](#).

If yes, did you receive it? Yes, amount: \_\_\_\_\_ Date funds received \_\_\_\_\_

No (Why: \_\_\_\_\_)

For information on tuition wavers in BC, [click here](#).

### OTHER SOURCES OF INCOME

Are you currently employed? Yes, full time: \_\_\_\_\_ Yes, part time: \_\_\_\_\_ No: \_\_\_\_\_

Do you plan to work while going to school? Yes, full time: \_\_\_\_\_ Yes, part time: \_\_\_\_\_ No: \_\_\_\_\_

Monthly earnings: \$ \_\_\_\_\_

### MY FINANCIAL PLAN

Use this table below to help calculate your expenses and income so we can see how much you will earn and spend each semester and on what. Don't worry as much about the per month numbers, the total per semester in the last column is the most important number to fill in.

EXPENSES				TOTAL PER SEMESTER
Housing	\$	per month	x months in a semester	
Food	\$	per month	x months in a semester	
Transportation	\$	per month	x months in a semester	
Personal	\$	per month	x months in a semester	

Continued on the next page.

### MY FINANCIAL PLAN (Continued)

EXPENSES			TOTAL PER SEMESTER
Fun	\$	per month x months in a semester	
Tuition and Fees			
Books and Supplies			
Utilities	\$	per month x months in a semester	
Other			
<b>LINE A - TOTAL EXPENSES</b>			
INCOME			
Work	\$	per month x months in a semester	
Other (AYA, etc.)	\$	per month x months in a semester	
Student Loans			
Awards			
<b>LINE B - TOTAL INCOME</b>			
<b>FINAL TOTAL (LINE B - LINE A)</b>			
*May be a negative number			

If your costs are more than the Education Achievement Bursary, how will you ensure that you are able to pay for the rest? Please phrase your response as a **SMART** goal. This means that your goal is: **S**- Specific **M**- Measurable **A**- Achievable **R**- Realistic **T**- Time-based. *For example: I plan to apply for the entrance scholarship and if I am successful I will receive an extra \$5000 before the start of classes. (200 words max)*

### ESSAY QUESTIONS

This is the part of the application where you tell us more about your goals and past achievements. Please attach the answers to these essay questions to this form (preferably typed, double spaced, size 11 font).

1) Please share with us your educational goals and future plans for the next 2-3 years. How do you plan to achieve your goals? How much time do you think you will require in order to complete your goals? How will this bursary help you to achieve your goals? **(Two pages maximum)**

### ESSAY QUESTIONS (Continued)

2) Please comment on any challenges and/or obstacles you have overcome in your educational goals so far and how you overcame them. **(One page maximum)**

3) Please describe your personal achievements and successes that you are most proud of. **(One page maximum)**

### HOW DID YOU HEAR ABOUT THE DREAM FUND?

<input type="checkbox"/> Fed Presentation	<input type="checkbox"/> Retreat or other event	<input type="checkbox"/> Power Pages
<input type="checkbox"/> Our website	<input type="checkbox"/> Social worker	Other: _____

### WHAT OTHER FED PROGRAMS WOULD YOU LIKE TO LEARN MORE ABOUT?

<input type="checkbox"/> Education	<input type="checkbox"/> Local Development	<input type="checkbox"/> Power Pages
<input type="checkbox"/> Youth Retreats	<input type="checkbox"/> Transitions	<input type="checkbox"/> Volunteering
<input type="checkbox"/> Leadership training	<input type="checkbox"/> Membership	<input type="checkbox"/> Employment
<input type="checkbox"/> Driver training	<input type="checkbox"/> Indigenous programs	Other: _____

### HOW TO SUBMIT AND CHECKLIST

Submit your application by **email, mail, fax or dropping of the form and necessary attachments in person**. Use the checklist to make sure you include all of the required attachments as well as this form. If you have any questions or need help to fill in the form, please give our office a call at 604-527-7762 or toll free at 1-800-565-8055.

**Mailing Address: Suite 500 - 625 Agnes Street, New Westminster, B.C. V3M 5Y4**

**Fax: 604-527-7764 | Email: [info@fbcyicn.ca](mailto:info@fbcyicn.ca)**

Include everything listed here in your application package:

- Completed Application Forms (pages 1-6)
- Answers to the three essay questions (typed, double spaced, size 11 font)
- Two reference letters (from teachers, advisors, counselors, workers, employers, family members or other supportive adults).
- Letter of acceptance from the school or agency you plan to attend or a copy of your most recent official transcript to confirm your enrollment.
- Letter from the Ministry of Children and Family Development or Delegated Aboriginal Agency confirming your care status and how long you were in care.

## APPLICANT DECLARATIONS

### Informed Consent

By signing this application form, I hereby verify that the information that I have provided is true. Should any part of the information included in this application package change for any reason, I agree to immediately notify the Dream Fund Selection Committee of these changes. I also consent to the Dream Fund Selection Committee verifying that I have been in the care of the Ministry of Children and Family Development or Delegated Aboriginal Agency.

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature (if under 19) \_\_\_\_\_ Date \_\_\_\_\_

### Media Release

By signing this section I agree to allow my name (first name, last name initial), age, city and potentially a quote to be published in any Federation media and publications including but not limited to Power Pages, a magazine that is distributed provincially to youth in and from care and service providers and a program report. If you have questions or concerns please visit our website at [www.fbcyicn.ca](http://www.fbcyicn.ca) or contact us at 1-800-565-8055.

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature (if under 19) \_\_\_\_\_ Date \_\_\_\_\_