



APPLICATION FORM

Bursaries and Life Opportunities
YEAR 2024-2025

NAME OF RECIPIENT			
AGE		GENDER	
SELF-IDENTIFY AS FIRST NATIONS, INUIT, OR MÉTIS?		ARE YOU A PART OF THE 2SLGBTQ+ COMMUNITY?	
OTHER IMPORTANT DEMOGRAPHIC INFO YOU WOULD LIKE US TO KNOW ABOUT YOU?		RACE	
CURRENT SERVICES WITH AGENCY (PLEASE DESCRIBE)			
<input type="checkbox"/> THE RECIPIENT IS NOT CURRENTLY RECEIVING SERVICES FROM THE AGENCY.			
WORKER			
CPIN NUMBER			
REASON FOR APPLICATION			
<p>POST-SECONDARY BURSARY (IF YES, JUMP TO BURSARY SECTION) Assistance for College/University/Trades</p> <p>LIFE OPPORTUNITIES (IF YES, JUMP TO LIFE OPPORTUNITIES SECTION) Career/Health & Wellbeing/Transition to Adulthood/Culture/Identity/Other</p>			

BURSARY APPLICATION

Program/Area of Study <small>PROGRAM NAMES REQUIRED</small>	
College/University	
Length of Program	

SORTING CRITERIA

Have you/they graduated from high school?	Yes	No	Have you/they been accepted into a college or university program?	Yes	No
Are you/they qualified for RSG program?	Yes	No	Are you/they applying for a program connected to a trade?	Yes	No
Are you/they willing to accept a bursary that has the following conditions? Must maintain a B or higher average, submit transcripts annually			Yes	No	
Have you/they ever lived in the County of Lennox and Addington or gone to elementary, junior high, or high school there?			Yes	No	
Do you/they have a strong family, cultural, or heritage connection to the County of Lennox and Addington?			Yes	No	
Have you/they received bursary support from FACSFLA in the past?			Yes	No	

ACADEMIC INFORMATION

How would you rate your/their Academic achievement to date?	
Are you/they aware of your/their responsibilities and expectations under this bursary program?	
What is the likelihood of completing your/their first term? 1 means you/they definitely will not complete and 10 is you/they will most certainly complete (enter a number)	
What is your/their financial situation?	

JUMP TO APPROVALS PAGE

LIFE OPPORTUNITES

**What is the Life Opportunity?
(Describe in detail)**

IS IT RELATED TO ANY OF THESE CATEGORIES?

Health & Wellbeing

Career

Culture & Identity

Transition to Adulthood

**How is this
opportunity expected
to help you/them?**

**What is the expected cost of
this Life Opportunity?**

**How long is funding support
required?**

**Are you/they receiving other
forms of financial support for
this?**

Other information

APPROVALS

WHO FILLED OUT THIS
FORM?

DATE FORM COMPLETED

WORKER & MANAGER SECTION

N/A

WORKER NAME

MANAGER NAME

DO THEY SUPPORT?

YES NO

DO THEY SUPPORT?

YES NO

WORKER/MANAGER COMMENTS

ADMINISTRATIVE SECTION (TO BE FILLED OUT BY FUND MANAGER)

THIS FITS THE 2024 FUTURES FUND CRITERIA
YES NO

COMMENTS TO FUTURES FUND COMMITTEE