

APPLICATION FORM

Bursaries and Life Opportunities YEAR 2025-2026

PREFERRED NAME				
OF APPLICANT (*TO APPEAR ON CERTIFICATES AND BY WHICH APPLICANT WILL BE REFERRED TO AS SHOULD THEY RECEIVE A BURSARY)				
*Please note that should the we will also require the nam banking/financial institution, preferred name differ. If this is applicant's alternate name to should they rece	ne that they use with their should this name and their s the case, please provide the facilitate provision of funds			
AGE		GENDER		
PRONOUNS		ARE YOU A PART OF THE 2SLGBTQ+ COMMUNITY?		
SELF-IDENTIFY AS FIRST NATIONS, INUIT, OR MÉTIS?		RACE		
OTHER IMPORTANT DEMOGRAPHIC INFO YOU WOULD LIKE US TO KNOW ABOUT YOU?				
CURRENT SERVICES WITH AGENCY				
THE RECIPIENT IS NOT CURRENTLY RECEIVING SERVICES FROM THE AGENCY.				
WORKER				
CPIN NUMBER				
	REASON FOR	APPLICATION		
POST-SECONDARY BURSARY (IF YES, JUMP TO BURSARYSECTION) Assistance for College/University/Trades				
LIFE OPPORTUNITIES (IF YES, JUMP TO LIFE OPPORTUNITIESSECTION) Career/Health & Wellbeing/Transition to Adulthood/Culture/Identity/Other				

BURSARY APPLICATION					
Program/Area of Study PROGRAM NAMES REQUIRED					
College/University					
Length of Program					
SORTING CRITERIA					
Have you/they graduated from high school?	es 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 Yes No No No Connected to a trade?				
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? Do you/they have a strong family, cultural, or heritage connection to the County of Lennox and Addington? Have you/they received bursary support from FACSFLA in the past? Yes No					
Have you/they graduated from a secondary school within the Limestone District School Board (LDSB)?					
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 I Health & Wellbeing	RELATED TO ANY OF THESE CATEGORIES? 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 COMPLE	TED					
WORKER & MANAGER SECTION				N/A		
WORKER NAME			MANAGER NAME			
DO THEY SUPPORT?		YES NO	DO THEY SUPPORT?	YES NO		
ADMINISTRATIVE SECTION (TO BE FILLED OUT BY FUND MANAGER)						
THIS FITS THE 2025 FUTURES FUND CRITERIA YES NO						
COMMENTS TO FUTURES FUND COMMITTEE						