



A. Howard Legacy Youth Fund - Application Form

To ensure eligibility, all sections of the application must be completed and all other components submitted by bursary application deadline date. Please see checklist on last page.

Notes:

- Please type answers to all questions in the space provided. This application form is fill-able.
- Please keep a copy of your application for your own records. AFABC will dispose of all paper and electronic application copies after award recipients for the year have been chosen.

Personal Information:

First Name: _____

Last Name: _____

Date of birth: (mm/dd/yy) _____ Age: _____

Address: _____

City: _____ Postal code: _____

Home Phone: _____

Cell Phone: _____

Email address: _____

Note: Please inform us if you move or change your contact information. If we cannot contact you, your application will not be considered.

How did you hear about the AFABC Bursary Program?

- | | | |
|---|--|---|
| <input type="checkbox"/> AFABC Website | <input type="checkbox"/> AFABC Magazine | <input type="checkbox"/> AFABC Facebook |
| <input type="checkbox"/> Family / Friends | <input type="checkbox"/> Scholarship Website _____ | |
| <input type="checkbox"/> Community Group | <input type="checkbox"/> Other _____ | |



Education Information:

1. What is the most recent level of education you have completed?

Grade 12 Program Certificate College Diploma/Degree University Degree Other

Name and year of school last attended:

2. What is the name of the trade, vocational or academic program you plan to attend?

Please provide name of BC institution and campus location:

Length of Program: 1 Year 2 Year 3 Year 4 Year Other _____

Start date: (mm/yy): _____ Expected completion date: (mm/yy) _____

Note: Written confirmation of school registration is a required part of this application. (Item C).

3. Why have you chosen this program? (150 word limit)

4. What is your education and career plan? (150 word limit)



5. How would this Bursary help you to achieve your goals? (150 word limit)

Financial Assistance:

1. Have you received funding from the AFABC Bursary Program in the past? Yes No

If Yes: Year: _____ Amount: _____

How has it assisted you? _

2. What other financial supports have you explored or are you currently receiving?

(Listing other opportunities will not disqualify you from receiving this bursary.)

Please check all that apply and provide details in space provided:

Youth Education Assistance Fund Student loan Grant Scholarship Bursary

Other _____

3. Do you have other sources of income (150 word max)? Please describe (savings, employment, etc.).



B. Confirmation of Care Status

Please provide written confirmation of your care status, (temporary or permanent) as a current or former youth in care, with the BC Ministry of Children and Family Development or Delegated Aboriginal Agency. (See eligibility requirements for details)

Please contact your former social worker or any MCFD office or Delegated Aboriginal Agency for assistance. Visit www.mcf.gov.bc.ca for contact information.

C. Confirmation of School Registration

Please provide written confirmation of your registration for the program, and from the school, indicated on this application.

D. Cover Letter – 2 page maximum

Please provide a cover letter telling the selection committee a little bit about yourself. Please include: achievements and successes, challenges and obstacles, plans for the future, volunteer and/or work experience, and how this bursary would contribute to your success. Two pages maximum please.

E. Two Reference letters

Please attach two letters of reference from two significant people in your life. One of the letters needs to be written by a non-family member. Maximum one page each.

The letters should provide information about you in the following areas:

- What qualities and/or achievements make you a good candidate for the educational program you have chosen?
- How does the reference believe you will benefit from this Bursary?

Note:

Please ensure that the letter is signed and dated, and that the full name and contact information of the writer is included on the letter.



F. Applicant Authorization Form

The information that I provided for this application is true, accurate and complete.

I am aware that providing incomplete or false information will affect the consideration of my application and affect my ability to access future funding. I am aware that the granting of this Bursary is subject to conditions that would be listed in an acceptance letter.

I provide AFABC with the following authorizations:

- 1) I authorize the Adoptive Families Association of BC to distribute this application to the Selection Committee for review.
- 2) I authorize the Selection Committee to contact my references.

Applicant name: _____

Applicant signature: _____

Date: _____

Witness name : _____

Witness signature: _____

Date: _____

Note:

The Adoptive Families Association of BC respects your privacy. All information collected will be used by AFABC only, in accordance with AFABC Privacy Policy. For details please contact our privacy officer at 604-320-7330 ext 114, or visit www.bcadopt.com



G. Applicant Consent Form

Signing this consent form gives the Adoptive Families Association of BC permission to publicly recognize the award recipient.

Please check all boxes that apply:

- If selected for a Bursary, I hereby give consent to AFABC to publish my name, city of residence and the school/program I plan to attend, for the purpose of recognizing me as a bursary award recipient.

- If selected for a bursary award, I grant AFABC permission to record my likeness and/or voice on a video, audio, photographic, digital, electronic, or any other medium (collectively referred to as “the recordings”) for promotional purposes. I acknowledge that all rights, title, and interest to the recordings will belong to the Adoptive Families Association of BC. I allow AFABC to publish the recordings. Publication includes print and electronic publications, video tapes, CD, audio, and Internet distribution. I give permission for the use of the above described materials for the period of five years from the date below. If I choose to revoke this permission, I understand that new materials will not be produced, but that the materials already made will not be altered.

- I do not give my consent. I understand that my application will still be fully considered, without prejudice.

Applicant name: _____

Applicant signature: _____

Date: _____

Witness name: _____

Witness signature: _____

Date: _____



The Howard Legacy Youth Fund - Application Checklist:

Please make sure you have included all 7 items in your application package.

- ✓ **A. Application Form**
- ✓ **B. Confirmation of Care Status**
- ✓ **C. Confirmation of School Registration**
- ✓ **D. Cover Letter**
- ✓ **E. Reference Letters**
- ✓ **F. Applicant Authorization Form**
- ✓ **G. Applicant Consent Form**

How to Submit Your Application:

Please submit completed application package by midnight September 1, 2015:

By mail:

Howard Legacy Youth Fund
C/O Adoptive Families Association of BC
200-7342 Winston Street
Burnaby, BC V5A 2H1

By fax:

604-320-7350 – Attention: Bursary Fund Coordinator

By email:

bursaries@bcadoption.com

Notes:

Howard Legacy Youth Fund applicants will be notified by email if/when:

- ✓ their application has been received by AFABC
- ✓ their application has been reviewed for eligibility and completeness
- ✓ their application has been forwarded to the selection committee
- ✓ a bursary has been awarded or denied

If you have any questions:

Please contact Yvonne Devitt: ydevitt@bcadoption.com / 604-320-7330 ext 106