



Howard Legacy Youth Fund Application

Application Deadline: April 30th, 2019

The Howard Legacy Youth Fund awards financial assistance to youth, in or from government care, who plan to pursue a vocational, trade or academic post-secondary program, at an accredited BC institution. This fund will award two \$1,000 bursaries on an annual basis, intended to directly offset tuition and/or other expenses associated with educational programs. Awards will be announced June 1, 2019. Winners have until August 30, 2019 to submit proof of registration for funds to be dispersed in September and paid through the Adoptive Families Association of BC.

Eligibility Requirements

- You are currently in care or a former youth in care of the BC Ministry of Children & Family Development (MCFD) or Delegated Aboriginal Agency. Either under a Continuing Custody Order (CCO) or Temporary Custody Order (TCO), Voluntary Care Agreement (VCA) or Special Care Agreement or Youth Agreement in B.C.
- You have experienced a minimum, cumulative total of 12 months in BC government care.
- You are currently a BC resident.
- You are 17 or over, and 26 or younger by the application deadline date.
- You are registered in a vocational, trade or academic program at an accredited BC institution.

Application Requirement List:

A. Application Form

Please complete all sections of the application form, including personal information, education information and financial assistance sections.

B. Confirmation of Care Status

Please provide confirmation of your care status with the BC Ministry of Children and Family Development or Delegated Aboriginal Agency.

C. Confirmation of School Registration

Please provide documentation of registration or acceptance from the school you plan to attend.

D. Cover Letter

Please provide a cover letter telling the selection committee a little bit about you.

E. Reference Letters

Please provide two letters of reference from two significant people in your life.

F. Applicant Authorization Form

Please complete the authorization form attached to this application.

G. Applicant Consent Form

Please complete the consent form attached to this application.

A. Howard Legacy Youth Fund - Application Form

To ensure eligibility, all sections of the application form 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?

AFABC Website AFABC Magazine AFABC Facebook

Family / Friends School Counselor Social Worker

Community Group Foster Parent

Scholarship Website: _____

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?

4. What is your education and career plan?

5. How would this Bursary award help you to achieve your future goals?

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

Tuition Waiver Other

3. Do you have other sources of income? Please describe (example: 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 or acceptance letter for the program, and from the school, indicated on this application. If selected your registration will be required by August 30, 2019, prior to the disbursement of the award in September 2019.

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.bcadoption.com

G. Applicant Consent Form

Public recognition of bursary award winners and sharing stories told by youth in or from care inspires other youth to apply for AFABC's bursaries, and helps AFABC continue to assist youth in achieving their dreams each year.

If you are selected for a bursary award, AFABC will publish your first name, city, and the school/program you plan to attend, for the purpose of recognizing you as a bursary award recipient. AFABC will contact all bursary award winners regarding their applicant consent form before publishing any personal information.

- If selected for a bursary, I would also be interested in sharing my photo, along with AFABC publishing my first 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, I would also be interested in sharing my story **anonymously** (as indicated in your cover letter) to inspire other youth to apply for the AFABC bursary.

I give permission for the use of the above described material 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.

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 (2 pg. maximum)**
- ✓ **E. 2 Reference Letters**
- ✓ **F. Applicant Authorization Form**
- ✓ **G. Applicant Consent Form**

How to Submit Your Application:

Please submit completed application package by 11:59pm Pacific Standard Time on April 30, 2019:

By mail:

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

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 Jenna Dales: jdales@bcadoption.com / 604-320-7330 ext 135