



IODE Ontario

LUCY MORRISON BURSARY

POST-SECONDARY STUDY IN ONTARIO

\$ 500 – \$ 1,000

- Awarded to students at the post-secondary level on the basis of financial need.
- Applicants must have completed at least one full year of study at an approved university or college.
- Applicants must be studying at an accredited post-secondary institution in Ontario and must be a Canadian citizen.

Application forms available in your Awards Office

or

IODE Ontario
45 Frid Street, Suite 9
Hamilton, Ontario L8P 4M3

email: iodeontario@bellnet.ca

Website: www.iodeontario.ca

IODE Canada is a national women's charitable organization, dedicated to enhancing the quality of life for individuals, through education support, community service and citizenship programs.

IODE ... *women dedicated to a better Canada*



IODE Ontario

LUCY MORRISON BURSARY

APPLICATION

Name of applicant..... Phone #

Home address.....

Applicant's mailing address..... email

Place of birthDate of BirthCanadian Citizen Yes / NO

Social Insurance Number.....

I am enrolled at City

Course..... Length of Course Year Completed 1 2 3 4

N.B. Applicants must have completed at least one full year of study at an approved university or college AND must be currently studying at an accredited post secondary institution in Ontario.

Information to accompany this application:

1. A detailed letter of reference from a member of university/college staff giving information regarding your character, ability and family circumstances.
2. A letter from the sponsoring IODE Chapter (if any).
3. Name, address, and occupation of two references, other than relatives.
4. Transcript of marks - previous year and current marks if possible (showing final grades).
5. Proof of Enrollment in and current attendance at a post-secondary institution.
6. A copy of the OSAP statement. If you have not applied to OSAP or have been refused assistance from OSAP, you must give an explanation.
7. Personal letter and resume with additional information which you feel is important.
8. A completed "IODE Student Budget" form.
9. Submit proof of Canadian citizenship.

I declare that the following:

Information provided on this application and the Student Budget form is correct.

Signature of Applicant

Date

IMPORTANT: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

FORWARD COMPLETED APPLICATION TO:

**Education Officer
IODE Ontario
45 Frid Street, Suite 9
Hamilton, Ontario L8P 4M3**

fax: 905-522-3637

email: iodeontario@bellnet.ca

Website: www.iodeontario.ca

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LUCY MORRISON BURSARY

STUDENT BUDGET

Please complete the *Student Budget Form*. It will help us to determine your eligibility for a bursary. The bursaries are based on financial need as well as academic standing.

This award is made available from the ***Lucy Morrison Memorial Fund for Education***, which is the Education Fund of the Provincial Chapter of Ontario IODE and represents the voluntary contributions of our members throughout Ontario. The fund is named in loving memory of a former Provincial President of IODE. The value of bursaries is based on the amount of funds donated each year.

The *Student Budget Form* and any supporting documents are to be sent to:

Education Officer
IODE Ontario
45 Frid Street, Suite 9
Hamilton, Ontario L8P 4M3

fax: 905-522-3637

email: iodeontario@bellnet.ca

Website: www.iodeontario.ca

STUDENT BUDGET FORM

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IODE Ontario

LUCY MORRISON BURSARY

Name: _____

Financial Resources:

Savings from summer \$ _____

Previous savings and/or investments cashed for use this year \$ _____

Earnings during study period (if you are already working part-time) \$ _____

Family contribution (parents, spouse) \$ _____

Government financial assistance (OSAP, other provincial loans, etc.) \$ _____

Other governmental Income (CPP, FBA, ODSP, etc.) \$ _____

Scholarships/Fellowships/Awards/Bursaries \$ _____

Bank loans \$ _____

Other (specify) _____ \$ _____

Total Resources \$ _____

Estimated Expenses:

Total tuition and compulsory fees \$ _____

Books/supplies/equipment \$ _____

Rent/residence costs \$ _____ X 8 month's \$ _____

Utilities/phone \$ _____ X 8 month's \$ _____

Food \$ _____ X 8 month's \$ _____

Transportation (local) \$ _____ X 8 month's \$ _____

Trip home \$ _____ X # of trips \$ _____

Medical/dental costs (you pay) \$ _____ X 8 month's \$ _____

Recreation/entertainment \$ _____ X 8 month's \$ _____

Miscellaneous/personal \$ _____ X 8 month's \$ _____

Clothing \$ _____ X 8 month's \$ _____

Total Expenses \$ _____

Based on the above budget, my calculated financial need is:

\$ _____ minus \$ _____ = \$ _____

Total Expenses Total Resources Financial Need

I certify that the information provided on this form is true and fairly represents my financial situation.

Date: _____ Signature: _____