



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
55 Frid Street, Suite 5
Hamilton, Ontario L8P 4M3

fax: 905-522-3637
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 Ontario
LUCY MORRISON BURSARY
APPLICATION

Name of applicant Phone #
.....
Home address
Applicant's mailing address
Email address
Place of birth
Date of Birth
Social Insurance Number
I am enrolled at
City Course
Length of Course 1 2 3 4 Year Completed

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.

I declare that the following:

Information provided on Student Budget form is correct.
I am a Canadian Citizen.

Signature of Applicant Date

IMPORTANT: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

FORWARD COMPLETED APPLICATION TO:

Education Officer
IODE Ontario
55 Frid Street, Suite 5
Hamilton, Ontario L8P 4M3
fax: 905-522-3637
email: iodeontario@bellnet.ca

IODE ... women dedicated to a better Canada



IODE Ontario

LUCY MORRISON BURSARY

STUDENT BUDGET FORM

Please complete the Student *Budget Form* on the back of this page. 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
55 Frid Street, Suite 5
Hamilton, Ontario L8P 4M3

fax: 905-522-3637
email: iodeontario@bellnet.ca

To learn more about IODE, explore our Provincial & National websites:

www.iodeontario.ca & www.iode.ca

IODE Ontario

STUDENT BUDGET

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) _____

Co-op employment income _____

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 months _____

Utilities/phone \$ _____ X 8 months _____

Food \$ _____ X 8 months _____

Transportation (local) \$ _____ X 8 months _____

Trip home \$ _____ X number of trips _____

Medical/dental costs (you pay) \$ _____ X 8 months _____

Recreation/entertainment \$ _____ X 8 months _____

Miscellaneous/personal \$ _____ X 8 months _____

Clothing \$ _____ X 8 months _____

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: _____