



IODE Ontario

Morrison Memorial Fund for Education

Bursary Application Form

Post-Secondary Study in Ontario

\$ 500 up to \$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 is a national women's charitable organization, dedicated to enhancing the quality of life for individuals, through education support, community service and citizenship programs.



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Application

Name of applicant..... Phone #

Home address.....

Applicant's mailing address..... email

Place of birth Date of Birth Canadian Citizen Yes / NO

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. Name, address, and occupation of two references, such as professor or employer.
3. 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



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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 ***IODE Ontario 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 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



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Student Budget Form

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 Expense	Total Resources	Financial Need

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

Date: _____ Signature: _____