

#### PROVINCE OF BRITISH COLUMBIA

### The Public Guardian and Trustee Educational Assistance Fund

### **BURSARY APPLICATION**

2019-2020

Public Guardian and Trustee Educational Assistance Fund bursaries are awarded annually in consultation with the Ministry of Children and Family Development from a limited fund to high school graduates who are 19 years old or over and pursuing a post-secondary academic, technical or vocational program. These bursaries are only available to former permanent wards of the Ministry of Social Services and those formerly in continuing custody of the Ministry of Children and Family Development of the Province of British Columbia

These bursaries assist recipients to further their academic or vocational goals by <u>supplementing</u> existing funding to cover shortfalls which otherwise might cause the individual to terminate their studies prematurely. **Applicants must have other sources of funds.** 

ANNUAL APPLICATION DEADLINE: APRIL 15, 2019

Please submit completed application to:

Personal Trust Administrator
Estate and Personal Trust Services
Public Guardian and Trustee of British Columbia
700 – 808 West Hastings Street
Vancouver, BC
V6C 3L3

PLEASE READ THIS FORM CAREFULLY AND ANSWER ALL THE QUESTIONS FULLY AND ACCURATELY. WHERE QUESTIONS DO NOT APPLY TO YOU, MARK N/A. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. ADDITIONAL INFORMATION MAY BE ATTACHED IF REQUIRED.

### SECTION I - PERSONAL INFORMATION (Please print in black ink)

1.	Name(Mr.,Mrs.,Miss,Ms.)Surname		First Name	Middle Name
	Birth Name if different from above			
2.	Eligibility - Period you were a permanen	t ward or in	continuing custody:	
	From to			
3.	Home Address	4.	Mailing Address (If different)	

5.	Phone # ( )	_ 6.	Date of Birth Day/M	lonth/Year	_
			Age as of December 3	<mark>1,2019</mark>	years old
7.	S.I.N	_ 8.	Marital □ Single Status: □ Widowed		or Common-law ed/Divorced
9.	List dependants, under 19 years of	age, in your cus	stody:		
		FULL NAME	AG	BE .	
10.	First Nations member: Yes		Jnknown		
	NOTE:				
SE	This bursary is <u>ONLY</u> available to in continuing custody of the Minist 19 and meet the criteria set out in about your eligibility, please provide and Family Development (formerly ECTION II:	ry of Children ar our webpage P de approximate of the Ministry of S	nd Family Development o GT of BC: Estate and Pe dates. Wardship status w	of the Provincersonal Trust	e of British Columbia until age Services. If you are uncertain
1.	High School Graduation/Equivaler	ncy: Date:	Schoo	ol:	
2.	School/college/university last atter	nded			
	Dates Attended		ATTACH M	OST RECE	ENT TRANSCRIPT
3.	Intended program of study				
4.	Name of institution/college/univers	sity			
5.	Length of program (years/semeste	ers/hours)			
6.	Number of years/semesters/hours	completed			
7.	Number of additional years/semes	ters/hours requi	red for completion		
8.	Full-time or part-time study? Full	Time	Part Time		
9.	Start and end dates (anticipated) _	Start (Month/Y	'ear)	End (Montl	n/Year)

Why do you believe you would be suita						
Why do you believe you would be suita	able for your chosen career? (Also attach letters of recommendation)					
ECTION III - EMPLOYMEN	T ASSETS AND LIABILITIES					
ECTION III - EMPLOYMEN	T, ASSETS AND LIABILITIES					
List work/volunteer experience for pas	T, ASSETS AND LIABILITIES  st two years, including full-time, part-time and summer jobs (most received)					
List work/volunteer experience for pas Attach separate sheet if necessary.	Length of Employment:					
List work/volunteer experience for pas Attach separate sheet if necessary.  Employer #1 -	Length of Employment:  To:					
List work/volunteer experience for pas Attach separate sheet if necessary.  Employer #1 -  Address:	Length of Employment:  From:  Monthly Income:					
List work/volunteer experience for past Attach separate sheet if necessary.  Employer #1 -  Address:  Type of Work:	Length of Employment:  Monthly Income:  Length of Employment:  Length of Employment:  To:  Length of Employment:  To:  Length of Employment:					
List work/volunteer experience for pass Attach separate sheet if necessary.  Employer #1 -  Address:  Type of Work:  Employer #2 -	Length of Employment:  Monthly Income:  From:  Length of Employment:  To:  Monthly Income:  From:  To:  Monthly Income:  To:  Monthly Income:  To:  Monthly Income:  Monthly Income:  To:  Monthly Income:					
List work/volunteer experience for pass Attach separate sheet if necessary.  Employer #1 -  Address:  Type of Work:  Employer #2 -  Address:	Length of Employment:    Monthly Income:   From: To:   Length of Employment:   Monthly Income:					
List work/volunteer experience for past Attach separate sheet if necessary.  Employer #1 -  Address:  Type of Work:  Employer #2 -  Address:  Type of Work:	Length of Employment:    Monthly Income:   From: To:   Length of Employment:   Length of Employment:   Length of Employment:   Length of Employment:					

					l
		t Value	Amount Owed on	Asset	Your Equity
a)					
b)					
c)					
d)					
	saries or prizes aw	arded for your	current or upcomir	ng school year(s	s) (attach separate s
List any scholarships, bur necessary): Name of Av		•	ear Received	I for Amou	
necessary):		Month & Ye	ear Received	I for Amou	ınt Can you

4. List any outstanding loans, including student loans, credit cards etc.

Have you applied for student loans for the upcoming academic year?	Yes		No
If not, please explain			
Are you eligible for student loans? Yes No	Don't Know		
Have you applied for a bursary under the Youth Educational Assistance	ce Fund?	Vaa	
For more information about the Youth Education Assistance Fund, con Ministry of Advanced Education – Student Services Branch Attn: Special Programs Unit PO Box 9173 Stn Prov Govt Victoria, BC V8W 9H7 or: <a href="mailto:AVED.SpecialPrograms3@gov.bc.ca">AVED.SpecialPrograms3@gov.bc.ca</a>	ntact:	Yes	No
If not, please explain.			

# **SECTION IV - BUDGET**

study will begin	month/year	and end		<u>.</u>	
	month/year		month/year		
During this time	e I will be living in:				
self	owned residence				
ren	ted accommodation				
sch	ool residence				
oth	er, explain:				
Will you be wo	king during this time perio	d?			
		Yes		No	
	king during this time perio	Yes		No	
		Yes		No	
		Yes		No	
		Yes		No	
	xplain:	Yes		No	

**Estimated Monthly Expenses** 

## ESTIMATES FOR THE PERIOD OF MY STUDY

**Estimated Monthly Income** 

Net Earned Income from employmen	nt:		Rent or Mortgage Payments (incl. taxes)	\$	
Applicant	\$	_	Food	<u>v</u>	-
Spouse		_	Clothing		-
Social Assistance/GAIN		_	-		-
Daycare Subsidy		_	Heat & Electricity		-
Child Support		_	Telephone		<del>-</del>
Spousal Allowance		_	Cable		-
Family Allowance		_	Insurance – house		-
GST Credits		_	- vehicle		-
Orphan's Benefits		_	Loans (details in S(III)(4))		<u>-</u>
Post Majority Funds		_	Transportation, gas, buspass, etc.		-
Other Income (please specify)		_	Daycare		-
Other income (please specify)	-	_	Medical and Dental		-
			Payment of Child Support/ Spousal Allowance		_
TOTAL MONTHLY INCOME	<u>\$</u>	_ (A)	Other expenses (please specify)		-
Multiply total (A) by the number of months you will be studying this academic year (from previous page)	<b></b>	- _ (B)	TOTAL MONTHLY EXPENSES	<u>\$</u>	_ (E)
ADD: Any of the following available	for this period	= (=)	Multiply total (E) by the number of months you will be studying this year (from previous page).		-
Scholarships		_	ADD: Educational Costs	<u>\$</u>	(F)
Bursaries		_	Tuition		
Savings	-	_	Books		-
Student Loans		_			-
Total Other Funds		_ (C)	Supplies  Total Educational Costs		· (C)
TOTAL AVAILABLE FUNDS FOR MY PERIOD OF					_(G)
STUDY(B+C)	\$	<sub>=</sub> (D)	TOTAL EXPENSES FOR MY PERIOD OF STUDY (F+G)	\$	(H)
FINANCIAL NEED (H – What is the maximum amount of			(Expenses must exceed inco this bursary)		for

## ESTIMATES FOR THE <u>1 YEAR PERIOD PRIOR TO MY PERIOD OF STUDY</u>

ESTIMATED YEARLY IN	COME	ESTIMATED YEARLY EXP	ENSES
Net Earned Income from employment: Applicant Spouse	\$	Rent or Mortgage Payments (incl. taxes) Food	\$
Spouse  Social Assistance/GAIN  Daycare Subsidy  Child Support  Spousal Allowance  Family Allowance  GST Credits  Orphan's Benefits  Post Majority Funds  Other Income (please specify)		Clothing Utilities Insurance - house	
TOTAL YEARLY INCOME	(A)	TOTAL YEARLY EXPENSES	(D)
ADD: Any of the following available for that possible Scholarships  Bursaries  Savings  Student Loans  TOTAL OTHER FUNDS  TOTAL AVAILABLE FUNDS FOR YEAR PRIOR TO MY PERIOD OF STUDY: (A+B)  SAVINGS (C - F) =	(B) \$(C)	ADD: Educational Costs paid that period  Tuition  Books  Supplies  TOTAL EDUCATIONAL COSTS  TOTAL EXPENSES FOR YEAR PRIOR TO MY PERIOD OF STUDY: (D+E)  (Amount by which Income exceeded Expense	(E)(F) s)

reviewing your applic	tion.						
SECTION V - TRA	TION V – TRANSCRIPTS AND REFERENCES						
	**A TRANSCRIPT OF MARKS IS REQUIRED**						
I have included the most I	cent transcript of my marks: YES OR						
	will follow ( <u>prior to May 15, 2019</u> )						
Letters of reference are re	ommended as they are beneficial to the determination of your award.						
SECTION VI - APP	ICANT'S DECLARATION (signature required)						
THE BURSARY IS ESSEN WILLING TO SUBMIT ALL	THE INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE AND THAT I ALL FOR ME TO CONTINUE MY EDUCATION. I FURTHER DECLARE THAT I AM STATEMENTS FOR INDEPENDENT VERIFICATION AND AUDIT AND THAT I WILL ATION NECESSARY TO SUBSTANTIATE MY CLAIMED EXPENSES.						
I declare that I will notify the during the period stated.	are that I will notify the Public Guardian and Trustee if I do not complete my proposed course of study or training the period stated.						
I understand that attempting Code of Canada.	to obtain funds by giving fraudulent information is punishable by law under the Criminal						
Date	Signature						