

# Scholarship Application

Submission deadline: August 1, 2023 for studies 2023/24 academic year PERSONAL INFORMATION: **SCHOOL INFORMATION:** First Name: Name of School: Last Name: Program of Study: \_\_\_\_\_ Address: Length of Program: \_\_\_\_\_\_ Years CITY/TOWN PROVINCE POSTAL CODE Start Date: YEAR Email: Date of Birth \_\_\_\_\_ End Date: \_\_\_\_\_\_YEAR YFAR Cell phone number: \_\_\_\_\_ Home tel. number: Expected graduation date:

YEAR MONTH DAY How were you previously connected to us? Program / dates / Primary Worker: Expected Certificate/Diploma to be received: \*\* Please email <a href="mailto:info@humancs.org">info@humancs.org</a> if your contact information changes at any point during the application process or after funding has been received. SCHOOL EXPENSES FOR UPCOMING YEAR: Tuition: \$\_\_\_\_\_\_ Due Date \_\_\_\_\_\_ / Tuition: \$\_\_\_\_\_\_ Due Date:\_\_\_\_\_ Books: \$\_\_\_\_\_ Due Date \_\_\_\_\_ / Supplies: \$\_\_\_\_\_ Due Date:\_\_\_\_ Due Date: \_\_\_\_\_ Mandatory College Group/Membership: \$ Other Cost: \$\_\_\_\_\_\_ (Specify: \_\_\_\_\_\_ ) Due Date: RESIDENCE INFORMATION  $\square$  I live on my own or with roommates  $\square$  I live in a group home  $\square$  I live in college/university residence  $\square$  I live with one or both parents Relationship: \_\_\_\_\_\_) ☐ I live with a Relative or Legal guardian (Name: \_\_\_\_\_ I pay monthly room and board:  $\square$  Yes  $\square$  No If yes, room and board cost is I pay monthly rent: ☐ Yes ☐ No If yes, monthly rent cost is I will pay for a Monthly Food Plan:  $\square$  Yes  $\square$  No If Yes: Monthly Food Plan costs is: EMPLOYMENT INFORMATION: I am currently looking for a job: ☐ Yes ☐ No I am currently working: ☐ Yes ☐ No If yes: Employer: Job Title: \_\_\_\_\_ Details: \_\_\_\_\_ I am planning to continue this employment during the school year:  $\square$  Yes  $\square$  No If No: Why not?

| FINANCIAL INFORMATION   |                            |
|---|----------------------------|
| I have \$in savings to be used towards school expenses.   |                            |
| I will receive Ontario Works, WSIB, family support, or other financial aid during the school year: $\Box$ Yes $\Box$ No   |                            |
| If Yes: I will receive \$per month from   | Estimated   Confirmed      |
| If Yes: I will receive \$per month from   | Estimated   Confirmed      |
| I have applied for other funding such as OSAP, financial aid, loans, grants, bursaries or scholarships: $\Box$ Yes $\Box$ No  |                            |
| If No: Why not?   |                            |
| If Yes: I am waiting to be notified $\ \Box$  |                            |
| OR: I have been notified by   | that I was approved for \$ |
| I have been notified by   | that I was approved for \$ |
| I have already received \$ from   |                            |
| I have already received \$ from   |                            |
| Additional Financial Information:   |                            |
| PERSONAL STATEMENT: Tell us about your future goals/dreams. How will your education help? What else would you like us to  |                            |
| know about you? (Please feel free to attach an additional sheet with writing, poetry or artwork!)   |                            |
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|   |                            |
| ☐ <b>OPTIONAL</b> : I am willing to speak with someone about sharing my success story with the Humana Community Services  |                            |
| community. *Please note - your answer will not impact your application.   |                            |
| • The personal and financial information on this form is confidential. It will be viewed by members of the Youth Scholarship  |                            |
| <ul> <li>Committee and the Chief Executive Officer, and stored in a secure file for future reference.</li> <li>By signing this application, you confirm:</li> </ul>   |                            |
| All information on this form is complete and true. I understand that if any of the information I have listed on this  |                            |
| form changes, I must contact the Youth Scholarship Committee by emailing ay info@humanacs.org   |                            |
| <ul> <li>I understand that if any of the information on this form is untrue or incomplete, I may lose my funding.</li> <li>I understand that any funding from the Humana Community Services Youth Scholarship fund, or any other Human</li> </ul> |                            |
| Community Services - affiliated scholarship program, requires me to attend a full-time program. If I do not attend  |                            |
| a full-time educational program, I understand that I will no longer be eligible to receive my award.  |                            |
|   |                            |
| Signature of Applicant  | Date                       |
|   |                            |
| FOR OFFICE USE ONLY   |                            |
| APPROVED AMOUNT: \$   |                            |
| SIGNATURE:  |                            |
| NAME:   |                            |

# FREQUENTLY ASKED QUESTIONS: Humana Community Services Youth Scholarships

#### Who can apply?

Current and former clients of Humana, Anago, WAYS Mental Health Support and Western Area Youth Services are eligible to apply.

# What educational programs are eligible?

The candidate must be a full-time student. Full-time attendance is defined as 3 or more courses per semester at a Canadian college, university or program that provides a diploma, degree or accreditation. **Short-term or non-traditional courses will also be considered**. For example: apprenticeship in a trade such as welding, hairdressing or therapeutic massage.

# Do I have to provide financial information?

All applicants must provide financial information. It is important that there is a financial need proven to be eligible for this scholarship fund. Candidates should also apply for provincial assistance programs such as (OSAP) funding. If such funding is not available for your program or if you are not eligible, you will still be considered for this award.

#### What is the application procedure?

Complete the attached form and submit it to the attention of the scholarship committee via email: info@humanacs.org

All questions on the form must be completed. Upon receipt of acceptance to your educational program, submit proof of enrollment (screenshot/photocopy of course registration or class schedule, copy of confirmation letter from your school) to the Committee.

#### Who reviews my application?

The Humana Community Services' Scholarship committee reviews applications and maintains strict confidentiality regarding your personal and financial information.

# How much can I receive from the fund?

The total amount awarded may vary based upon individual need, the length of your program, the number of applications received and the amount of funding available from the Scholarship Fund. You may apply once per academic year. At present, there is no limit to how many times a person can apply and receive funding. Scholarships average \$1,000 per full academic year.

# When is the deadline to apply?

For the academic year September 2023 - May 2024, the deadline to apply is August 1, 2023. The committee will notify successful applicants of their award before the start of their program.

# When and how do I get money from the fund?

Candidates will be notified as to whether they were successful and will receive the funds upon proof of enrollment. Cheques will be mailed to applicants. The funds must be included on your personal tax return. A T4A will be mailed to you in February, the year following receipt of funds.