



IODE Canada  
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 Toronto, ON M4R 1B9  
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 www.IODE.ca

**APPLICATION FOR IODE LABRADOR BURSARY**  
**Awarded for Ability and Financial Need**  
**For Academic Year - Maximum \$1,000**

**INSTRUCTIONS:**

1. Please print clearly. A copy of this application form may be downloaded at [www.IODE.ca](http://www.IODE.ca).
2. Application **MUST** reach Director of Education by
3. A letter from a parent or guardian indicating approval of the applicant's education plans **MUST** accompany this application.
4. Under separate headings, describe your career goals, extracurricular interests and volunteer activities and attach to this application.

**Name** \_\_\_\_\_

**Home Mailing Address** \_\_\_\_\_

**Town** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Citizenship** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Schools attended (K-graduation)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Expected date of secondary graduation** \_\_\_\_\_

**Grade point average for Grade 11** \_\_\_\_\_

**Grade point average or average for 1<sup>st</sup> term Grade 12** \_\_\_\_\_

**Name of father or guardian** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Name of mother or guardian** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Names and ages of siblings still supported by family:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Approximate family income from all sources:**  Below \$30,000  \$30,000 – \$45,000

\$45,000 - \$60,000  \$60,000 - \$90,000  \$90,000 up

**(over)**

**Are you eligible for government or other funding?**  Yes  No

If **yes**, give full details including source of funding and the amount.

Amount \$ \_\_\_\_\_

Source: \_\_\_\_\_

Is this a loan?  A non-repayable grant, bursary or scholarship?

**University/College applied to** \_\_\_\_\_

Reason for your choice \_\_\_\_\_

**Course of Study** \_\_\_\_\_

Length of course \_\_\_\_\_

Why did you choose this course? \_\_\_\_\_

**Do you anticipate receiving other scholarships or bursary money?**  Yes  No

If so, provide source and expected amounts:

Source: \_\_\_\_\_

Expected Amounts: \_\_\_\_\_ Length of Time \_\_\_\_\_

Does your loan/grant/bursary/scholarship limit the amount of other financial assistance you may accept?

Yes  No

**Estimated cost per year of:**

1. Tuition \_\_\_\_\_ 2. Student Fees \_\_\_\_\_ 3. Accommodation \_\_\_\_\_

4. Meals \_\_\_\_\_ 5. Additional Expenses (books, transportation, etc.) \_\_\_\_\_

I acknowledge that the names of recipients will be recorded in the IODE Canada annual report, may be published in *Echoes*, the magazine of IODE Canada, and may be used for publicity purposes and hereby give permission for my name to be so recorded.

Recipients are expected to keep in touch with IODE during the academic year. Please keep IODE Head Office informed of change of address as soon as you move.

\_\_\_\_\_  
Signature of Applicant (Please type in your name)

\_\_\_\_\_  
Date

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**NOTE:** Be sure you have done **ALL** that is required as instructed on page one