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 www.IODE.ca

APPLICATION FOR RENEWAL OF IODE LABRADOR BURSARY

Awarded for ability and financial need

For **academic year – Maximum \$1,000**

INSTRUCTIONS:

1. Please print clearly. The application may be downloaded at www.IODE.ca.
2. Application **MUST** reach IODE Head Office by
3. A report of academic progress from an advisor or professor must be mailed or sent by E-mail to reach Head Office at addresses above by
4. Current transcript of marks **MUST** be sent by university or college by directly to: iodeinfo@bellnet.ca, c/o Rose Carolyn Smith, Chairman, Labrador Bursary Committee
5. Arrange for year-end transcripts to be sent as soon as possible. Provide proof of continuing registration immediately when the renewal term begins.

Name _____

Home Mailing Address _____ **Town** _____ **Postal Code** _____

Telephone _____ **E-mail** _____

Student Address _____

Telephone _____ **Email** _____

Student Number _____

University/College _____ **Location** _____

Name of Course _____ **Expected Date of Graduation** _____

Plans for Next Term: Are you continuing in same course? Yes No. If **NO** state reasons for change _____

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

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? Yes No A non-repayable grant, bursary or scholarship? Yes No

(Over)

Are you receiving other scholarships or bursary money during the current academic year?

Yes No If **yes**, provide source and the amount.

Amount: _____

Source: _____

Do you anticipate receiving this next year? Yes No

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

Yes No If **yes**, state the amount allowed: \$ _____

Has family financial situation changed since your original application? Yes No

If **yes**, please explain. _____

Estimate amount of financial assistance expected from family. \$ _____

Do you expect to have a summer job? Yes No Give details. (Type of work, estimated income, circumstances preventing employment, etc.) _____

Do you plan to work during the coming school year? Yes No If **yes**, give details.

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.

Signature of Student (Please type in your name)

Date

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

Be sure you have done **ALL** that is required.

1. Complete and forward Application for Renewal by
2. Arrange for a professor or advisor to write a letter outlining your progress, to arrive by
3. Request the University/College to send a current transcript to IODE by
4. Arrange for year-end transcripts to be sent as soon as possible.