



IODE Canada
 40 Orchard View Blvd., Suite 219
 Toronto, ON M4R 1B9
 iodeinfo@bellnet.ca
 www.IODE.ca

APPLICATION FOR IODE LABRADOR BURSARY
Awarded for Ability and Financial Need
For 2020-2021 Academic Year - Maximum \$1,000

INSTRUCTIONS:

1. Please print clearly. A copy of this application form may be downloaded at www.IODE.ca.
2. Application MUST reach Director of Education by **01 February 2020**.
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 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 1st 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? Yes No A non-repayable grant, bursary or scholarship? Yes No

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

Date

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