



AMANDA'S GIFT BURSARY PROGRAM 2022-23

The Amanda's Gift Bursary Program is now being administered by Children's Aid Foundation of Nova Scotia. It was established by the Nova Scotia Council for the Family to provide financial assistance to youth formerly in the care and custody of the Province of Nova Scotia who wish to pursue their post-secondary education. The bursary can be used to purchase educational needs such as: tuition, course materials, technology equipment, conference fees, transportation and any needs that will help the student to be successful in reaching their goals. The bursary was named in honour of a former youth in care who made a generous donation of \$500 to the Nova Scotia Council for the Family and asked that it be given to a former youth in care who was struggling financially to complete their education. Amanda felt more needed to be done to reach out to former youth in care who are pursuing educational goals under challenging circumstances.

- Applicants must be 16-28 years of age.
- Recipients of the Amanda's Gift Bursary will continue to be eligible for consideration until completion of the degree/course for which initial support was sought.
- Former recipients of Amanda's Gift Bursary may re-apply.
- Bursaries range between \$250 - \$1,500 depending on number of applicants and funding available.
- Youth Adopted from care may be considered for a \$250 bursary depending on funds available.

APPLICATION PROCEDURE – 2022/23

A selection committee reviews completed applications twice a year (summer and fall).

	Fall Term 2022	Winter Term 2023
Application Deadline:	June 24 th 2022	October 28 th 2022
Review by Committee:	July, 2022	November, 2022
Notification:	July, 2022	November, 2022
Funds Issued:	September 7 th , 2022	January 5 th , 2023

ADDITIONAL APPLICATION FORMS ARE AVAILABLE BY REQUEST at info@HRCAF.org or on the website.

Children's Aid Foundation of Nova Scotia
 1888 Brunswick Street, Suite 301
 Halifax, Nova Scotia B3J 3J8
 (902) 422-1316 Ext. #4

ONLY COMPLETED APPLICATIONS WITH THE REFERENCE LETTER RECEIVED BY THE DEADLINE WILL BE REVIEWED. Please keep a copy of your submission for your records.

AMANDA'S GIFT APPLICATION FORM

*Parts A, C, D and E of this form must be completed by the applicant.
Please ensure your application is legible.*

***Part A – PERSONAL INFORMATION
All questions must be answered***

Name:

Address:

City/Town:

Postal Code:

Phone:

E-mail Address:

Date of Birth: (Month/Day/Year)

Name of your former Child Welfare Agency:

Name of your former Social Worker(s):

Approximate length of time in care:

Approximate date of leaving care:

Adoption Status: Not applicable
 Adopted from care If yes, at what age? _____

How did you learn about Amanda's Gift Bursary?

Have you received an Amanda's Gift Bursary in the past? _____

Do you qualify for the Department of Community Services Educational Bursary Program for youth in a Post Care and Custody Agreement? _____ There is an extension to this program for former youth in care who are between 19 and 24 years of age. If you think you may qualify for this program, we encourage you to contact your former child welfare office for more information.

If yes, or if you have any questions about how this program affects eligibility for Amanda's Gift, please contact Jane Boyd Landry, Executive Director at the CAFNS office (902) 422-1316 Ext. #4

Part B – LETTER OF SUPPORT

Provide a letter of support with your application. The letter must be written by a professional who knows you fairly well. If you have applied to Amanda's Gift in the past, you are encouraged to ask a new person to provide your reference letter for this application.

Possible references include:

- Social worker
- Counsellor
- Teacher
- Doctor
- Employment supervisor
- Foster parent
- Program advisor

Ensure letter is on business letterhead or includes sender's contact information and position.

Reference information **must include capacity in which reference knows you** and at least two of the following:

- Interpersonal skills
- Goals
- Integrity
- Study skills
- Leadership abilities
- Ability to undertake the program
- Achievements

Support letter must be dated within 3 months of application date.

Without this letter, your application will be incomplete.

Part C – DESCRIPTION OF PROGRAM, GOALS AND ACHIEVEMENTS
All questions must be answered

If additional space is required, please attach a separate sheet.

1. Describe the program you wish to attend.

(a) Name of program:

(b) Name of institution and location of program (e.g.NSCC Truro Campus)

(c) Length of program:

(d) Start date:

(e) Program cost (please indicate if cost is per semester or per year):

Tuition \$ _____

Program Fees \$ _____

(f) Related program expenses:

Books \$ _____

Equipment (if applicable) \$ _____

(f) Other monthly expenses:

Transportation \$ _____

Living expenses (rent, food, etc.) \$ _____

Child Care (if applicable) \$ _____

Other \$ _____

(g) Please list all anticipated sources of income (scholarships, student loan, employment earnings, etc.):

(h) Brief Description of the Program (2-3 sentences):

2. By applying for this bursary, it is evident you have plans for your future. Explain, in 3 or 4 sentences, how this program will prepare you for your future educational or career goals. If necessary, feel free to attach an additional page.

3. Explain how your personal achievements (*example*: completion of school, volunteer work, paid employment, awards, etc.) have helped prepare you for your future educational or career goals. If necessary, feel free to attach an additional page.

4. Please use this space to add any additional information you would like to share with the Amanda's Gift Selection Committee.

Part D – CONSENT FORM

I am currently being considered for an Amanda’s Gift Bursary, a program offered by the Children’s Aid Foundation of Nova Scotia for youth formerly in the care of Nova Scotia’s child protection services. I provide my consent for my former Child Welfare Agency to provide confirmation to the Children’s Aid Foundation of Nova Scotia of my previous care status.

Signature _____ Date _____

Part E – APPLICATION DECLARATION

I declare that the information in this application form is accurate and complete.

Signature _____ Date _____

Would you like to be notified of other opportunities for former youth in care? Yes No

E-Mail address: _____

CHECKLIST

Before sending in your application, here is a checklist to help you prepare. If you have any questions, please contact the Children’s Aid Foundation of Nova Scotia

	I am a youth formerly in the care of the Province of Nova Scotia’s child protection services (or will be at the time the bursary funds are issued).
	I am in the 16 - 28 year age range (or was at the time of my initial application).
	I have completed the application personally.
	I have included a letter of support with my application.
	I have completed the declaration, by signing and dating the application form.

Completed applications, including a letter of support, must be received by the Children’s Aid Foundation of Nova Scotia on or before the application deadline. Please send to:

**Children’s Aid Foundation of Nova Scotia
SUITE 301, 1888 BRUNSWICK ST.
HALIFAX, NOVA SCOTIA B3J 3J8
Phone:902-422-1316 Ext.#4
Fax: (902) 422-4012
Email: info@hrcaf.org**

You will be notified of the status of your request after the Selection Committee completes the review.