



## **Education Achievement Award Program**

The Children's Aid Foundation of Nova Scotia provides post-secondary tuition support bursaries primarily to **youth formerly in the care and custody** of the Province of Nova Scotia. Bursary amounts depend on the funds available and the number of applicants. You may apply for this bursary in for both the fall and winter terms. Bursaries are awarded in September and January and are paid directly to the institute indicated on this application. If you have indicated you have received a Tuition Waiver, we may look at other supports to assist you with costs associated with your post-secondary education.

### **APPLICATION PROCEDURE – 2022**

The Education Committee reviews completed applications twice a year.

Application Deadline	June 24 <sup>th</sup> , 2022	October 28 <sup>th</sup> , 2022
Review by Committee:	July, 2022	November, 2022
Notification:	August, 2022	November ,2022
Funds Issued:	September, 2022	January, 2023

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

**Send Completed Application to:**  
**Jane Boyd Landry, Executive Director**  
**Children's Aid Foundation of Nova Scotia**  
**301-1888 Brunswick Street**  
**Halifax, NS B3J3J8**  
**or**  
**Email: Jane@HRCAF.org**



### Application for Education Achievement Awards 2022

Name: _____	Address: _____
Birth date: _____	Apt. # _____
Gender: _____	City/Town: _____
Cell Phone Number: _____	Postal Code: _____
E-mail address: _____	
Former Child Welfare Agency: _____	
Name of Former Social Worker: _____	Were you adopted from care:      Date: _____ Length of time in care: _____
Do you qualify for the Province of Nova Scotia's Post Care and Custody Agreement and Post -Educational Bursary?  Have you applied for a Tuition Waiver form the institute you plan to attend?	
Have you received an Education Achievement Award in the past?	
High School Attended: _____	
Which university, community college, or other educational institution do you wish to attend? _____	
Address of Student Accounts Office Name: _____ Address: _____ City/Town: _____ Postal Code: _____	

Have you been accepted?

Program Start Date:

Proof of confirmation of enrolment will be required for successful candidates.

Which program do you plan to study? Provide a short description.

What is the length of the program? What year of the program will you be in?

Please give a short statement of the goals you have set for yourself:

Please describe any personal or academic achievements you think we should know about in assessing your application.

What is the cost of the program? Be sure to include tuition, books, and other expenses related to the program.

Please provide us with your plan for additional income (i.e. student loans, part-time work, etc.). Be sure to list all sources and amounts of income.

**Letter of Support**

**Provide a letter of support with your application. The letter must be written by a professional (program advisor, social worker, foster parent, doctor, counselor, teacher, employment supervisor) who knows you fairly well. Support letter must be dated within 3 months of application date.**

**Application Declaration**

\_\_\_\_\_  
**Date of Application  
Applicant**

\_\_\_\_\_  
**Signature of**

Before sending in your application, here is a checklist to help you prepare. If you have any questions, please contact us at 902-422-1316 Ext. #4

- I have completed the application personally
- I have included a letter of support with my application
- I have listed the program costs and provided a budget
- I have completed the declaration by signing and dating the application form

**Send completed application to the address below**



Jane Boyd Landry, Executive Director  
Children's Aid Foundation of Nova Scotia  
301-1888 Brunswick Street  
Halifax Nova Scotia B3J 3J8  
T: (902) 422-1316, ext.4 F: (902) 422-4012  
Or  
**E-mail: [jane@HRCAF.org](mailto:jane@HRCAF.org)**