



Education Achievement Award Program 2025-26

The Children's Aid Foundation of Nova Scotia provides post-secondary tuition support bursaries for youth up to age 28 who were formerly in permanent care and custody of the Nova Scotia Minister of Opportunities and Social Development or had a signed Youth Services Agreement with the Nova Scotia Department of Opportunities and Social Development (formerly the Department of Community Services). Bursary amounts depend on the funds available and the number of applicants. You may apply for this bursary in both the fall and winter terms. Bursaries are awarded in September and January and are paid directly to the institute indicated on your application form. 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.

Eligibility Criteria

- Youth must have been in permanent care and custody of the Nova Scotia Minister of Opportunities and Social Development or had a signed Youth Services Agreement with the Nova Scotia Department of Opportunities and Social Development (formerly the Department of Community Services).
- Youth must have been in permanent Care and Custody or had a signed Youth Services Agreement between the ages of 16-28.
- Youth must currently be between the ages of 16-28 years of age and reside in Nova Scotia.

Application Procedure 2025-26

Fall Term 2025 Applications

Deadline: June 26th, 2025
Reviewed: July 2025
Notification: August 2025
Funds Issued: September 2025

Winter Term 2026 Applications

Deadline: November 3rd, 2025
Reviewed: November 2025
Notification: December 2025
Funds Issued: January 2026

All applications are reviewed by the Education Achievement Awards Committee.

ONLY THOSE APPLICATIONS RECEIVED BY THE APPLICATION DEADLINE WILL BE CONSIDERED. Please keep a copy of your submission for your records.



Application Form Education Achievement Awards 2025-26

Name: _____

Date of Birth: _____

Gender Identity: _____

Cell Phone: _____

Email Address: _____

Address: _____

Apt : _____

City/Town: _____

Postal Code: _____

Former Child Welfare Agency Office: _____

Name of former Social Worker: _____

Were you in permanent care and custody of the Province of Nova Scotia? YES: _____
NO: _____ NOT SURE: _____

If so, what year did you exit care: _____

Were you supported by a signed Youth Services Agreement with the Nova Scotia Department of Community Services ? YES: _____ NO: _____ UNSURE: _____

If so, what year did your agreement end?

Do you qualify for the Province of Nova Scotia's Post Care and Custody Agreement and Post Educational Bursary? YES: _____ NO: _____ UNSURE: _____

Have you applied for a Tuition Wavier from the institution you plan to attend: _____

Are you supported by the Department of Community Services PATH Program? _____

Have you received an Education Achievement Award in the Past? YES: _____ NO: _____

High School: _____ Year Graduated: _____

Which university, community college or other educational institution do you wish to attend?

Name & Address of the Students Account Office

Name: _____

Address: _____

Address: _____

City/Town: _____

Postal Code: _____

Student Number : _____

Have you been accepted into the program yet? _____ If so, start date: _____

Length of program: _____

Are you returning to an existing program? If so, what year: _____ Length of program _____

Name of your program? Provide a brief description.

Please give a statement of goals you have set for yourself. (Please attach an extra page if necessary).

Please describe any personal or academic achievements you think we should know about in assessing your application. (Please attach an extra page if necessary).

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

Income

Student Loan	\$ _____
Bursaries	\$ _____
Scholarships	\$ _____
Employment Income	\$ _____
Post Care & Custody Agreement	\$ _____
Income Assistance	\$ _____
DCS Path Program	\$ _____
Other Income	\$ _____
Total Income	\$ _____

Please provide us with your costs associated with your post-secondary program.

Expenses

Tuition	\$ _____
Room & Board	\$ _____
Books	\$ _____
Equipment	\$ _____
Computer	\$ _____
Transportation	\$ _____
Child Care	\$ _____
Placement Expenses	\$ _____
Others \$ _____	
Others \$ _____	
Total Expenses	\$ _____

Letter of Support

Please provide a letter of support with your application. The letter must be written by a professional such as a program advisor, social worker, foster parent, counselor, teacher, employment supervisor or someone who knows you well. The support letter should be on letterhead if possible and dated within three months of the application.

Application Declaration

I hereby declare that the information given by me on this application is true, complete, and correct to the best of my knowledge.

Date of Application: _____

Signature of Applicant: _____

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

Check List

- I have completed the application personally.
- I have included the letter of support with my application.
- I have listed the program costs and income sources.
- I have completed the declaration by signing and dating the application form.
- I have included my proof of confirmation of enrolment from the institute if available.

Send completed applications to the e-mail or mail to the street address below.

info@CAFNS.org

Or

Jane Boyd Landry
Executive Director
Children's Aid Foundation of Nova Scotia
301-1888 Brunswick Street
Halifax, NS B3J 3J8