



GORSLINE FAMILY BURSARY

DESCRIPTION

The Gorsline Family Bursary was endowed by Jim and Barb Gorsline of Quesnel BC with the goal of assisting a local student who faces financial hardship that creates a barrier to an education and career.

The Gorsline Family Bursary will be awarded to a deserving student, enabling him or her to complete a post-secondary education program that would result in the improvement of their employment/career opportunities and leading to greater personal independence.

The Gorsline Family Bursary will be awarded on the basis of financial need, to a deserving student who has demonstrated determination despite adversity in their lives.

Application Deadline:

April 30, successful recipients notified in June.

Value:

Minimum of \$1,000

To be eligible to apply applicants must:

- Be in your Grade 12 year, plan or be attending post-secondary school or be returning to post-secondary as a mature student
- Be registered or planning to register in an accredited school
- Demonstrate financial need
- Be a resident of Quesnel and surrounding area

The Foundation reserves the right to not make an Award in the event of receiving no qualified applications.

Completed and signed applications can be submitted:

By mail to: Quesnel Community Foundation, Box 4158, Quesnel, BC V2J 3J2

By e-mail to: gcf@shaw.ca

Ownership:

The applications will become the property of the Quesnel Community Foundation. Successful applicants may be interviewed by members of the selection committee and have the award presented publicly. Applications with special circumstances will be held in confidence or, upon request, be destroyed.

Administration:

The GORSLINE FAMILY BURSARY is administered by the Quesnel Community Foundation.



GORSLINE FAMILY BURSARY APPLICATION FORM

Please fill out every section of the application form and attach required documents.

You may include additional pages for any section as needed.

For questions or clarification, contact the Quesnel Community Foundation by email through gcf@shaw.ca

| APPLICANT IDENTIFICATION | | |
|--|---|-----------------------------|
| Name | <i>Surname (Family Name) First Name</i> | |
| Address | <i>Street Address or PO Box</i> | |
| | <i>City/Town</i> | <i>Province Postal Code</i> |
| | <i>If not currently a resident, when did you live in Quesnel?</i> | <i>From: To:</i> |
| Telephone | | |
| Email Address | | |
| EDUCATION-COMPLETED or IN PROGRESS | | |
| Secondary Education | High School Attending or Attended | |
| | Graduation Date | |
| Post-Secondary Education | School Attending or Attended | |
| | Program of Study | |
| | Start Date | |
| POST SECONDARY SCHOOL YOU PLAN TO ATTEND | | |
| Name of Institution | | |
| Institution Address | | |
| Program of Study | | |
| Intended Start Date | | |
| How many years is the Program? | | |
| Attendance? | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | |



| REQUIREMENT CHECKLIST |
|--|
| <input type="checkbox"/> Two letters of reference or recommendation sent directly to Quesnel Community Foundation or in a sealed envelope with the application |
| <input type="checkbox"/> Budget for upcoming school year (template attached) |
| <input type="checkbox"/> Transcripts from past and current schools |
| <input type="checkbox"/> Personal Resume |
| <input type="checkbox"/> Letter telling about yourself and educational/career goals |
| <p>Note: a personal interview may be requested</p> <p>If you are the recipient, a copy of acceptance letter or proof of enrolment from school is required</p> |

| DECLARATION | |
|--|------------------|
| <input type="checkbox"/> I confirm that the information contained in this application and the accompanying documents is true, accurate and complete. I have fully disclosed all financial information to the best of my ability. I understand the information contained in this application will be shared solely with the members of the Quesnel Community Foundation Bursary Selection Committee | |
| <i>Your Name</i> | <i>Signature</i> |
| | <i>Date</i> |
| Parent/Guardian's Signature (if you are under 18 years of age) | |
| <i>Parent/Guardian Name</i> | <i>Signature</i> |
| | <i>Date</i> |



| FINANCIAL INFORMATION – For BURSARY APPLICANTS List income and expenses for the school year. | |
|---|--|
| This Budget covers my study period beginning ___/___/____ (dd/mm/yyyy) and ending ___/___/____ (dd/mm/yyyy) | |
| EXPENSES | |
| Tuition and fees | |
| Books and supplies | |
| Other academic expenses (e.g. software, equipment) | |
| Housing (rent, residence fees, room & board, mortgage) | |
| Utilities | |
| Food or meal plan | |
| Clothing | |
| Transportation costs | |
| Other (eg toiletries, entertainment, childcare etc) | |
| TOTAL EXPENSES | |
| INCOME | |
| Savings – enter amount you will have at the start of the academic year | |
| Employment earnings during academic year (estimated) | |
| Student loans | |
| Awards: Scholarships and Bursaries you will receive this year | |
| Parental/sponsor contributions, including RESPs (see below ¹) | |
| Income assistance eg welfare, disability assistance you will receive during this school year | |
| Spousal contribution (if married or common-law and amount is \$0, explain in your letter) | |
| Other Income eg Worksafe BC, child care subsidy etc. | |
| TOTAL INCOME | |
| TOTAL SHORTFALL (Expenses minus Income) | |
| ASSETS | |
| Motor Vehicles – resale value | |
| Other – recreational vehicles, property (do not include principal residence), etc | |

¹ You must include your parents/guardian contribution in the budget if you are financially dependent on your parents as per Student Aid BC guidelines. Parent/guardian contribution is NOT needed if one of the following questions is answered “YES”:

- | | | |
|---|------------------------------|-----------------------------|
| Are you married? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you have dependent children? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you been out of high school 48 months? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you been Employed for 24 consecutive months? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |