



APPLICATION FORM
 Application deadline: February 1, 2020
 Fillable PDF available at: www.kincanada.ca

Kinsmen & Kinettes – *Serving the Community’s Greatest Need*

Kin Canada Bursaries was established in 1994 by Kin Canada as a legacy to its Founder, Harold Allin Rogers, O.C., O.B.E. (1899-1994) and is funded by Kinsmen and Kinettes across Canada. The program was established to promote, encourage and sponsor educational programs and activities, by providing financial assistance in the amount of \$1000 to applicants in their quest for higher learning at a recognized post-secondary institution.

ELIGIBILITY To be eligible you must:

1. Be a Canadian citizen or permanent resident.
2. Plan to register as a full-time student in the **2020-2021** school year at a recognized post-secondary institution.
3. Submit this application to **one only** of a local Kinsmen, Kinette, or Kin Club nearest your permanent residence. (Mailing addresses of Clubs can be found at www.kincanada.ca)
4. Demonstrate high ideals, community involvement and knowledge of Kin, and
5. Not have previously received a bursary from the Hal Rogers Endowment Fund.

APPLICATION PROCEDURE: Complete all sections of the current application form and **MAIL TO YOUR NEAREST LOCAL KINSMEN, KINETTE, KIN OR KIN CAMPUS CLUB BY FEBRUARY 1ST**. Applications will not be eligible if mailed directly to Kin Canada or if mailed to more than one local Kinsmen, Kinette or Kin Club. If you have questions about the application, visit www.kincanada.ca, call 1-800-PICK KIN (742-5546) or email bursary@kincanada.ca.

NOTES:

- The responsibility for the completed application form rests with the applicant; be sure to answer ALL questions. **You may attach additional pages if there is not enough space to answer a question.**
- Any information provided may be subject to authentication.
- All information on the application form will be held in the **strictest confidence**.
- All sponsoring clubs and successful applicants will be notified of the Board of Trustees decision. This decision will be final.
- Bursary recipients will be required to submit proof of citizenship (Government-issued ID such as Canadian birth certificate, passport, certificate of citizenship, certificate of Indian Status, Health Card, Provincial Photo Card, or Permanent Resident Card) and proof of registration prior to funds being released.

CLUB USE ONLY

Club **MUST** complete this section and send the scanned application to bursary@kincanada.ca by **MARCH 1ST**.

This application, in the name of _____, has been endorsed by the

Kinsmen Club; Kinette Club; Kin Campus Club Kin Club of _____ District _____

and forwarded to Kin Canada Bursaries for consideration by the Hal Rogers Endowment Fund Board of Trustees.

Clubs receiving less than 20 applications must select **one** to endorse and submit. Clubs receiving 20 or more may select **two** to submit.

Total # of applications received _____ Total # of applications submitted (1 or 2) _____

IMPORTANT: If the club president is related to the applicant then another club officer **MUST** sign the application form.

President’s Name: _____ Signature: _____ Date: _____
(DO NOT approve before February 1st)

Phone (home): _____ Fax: _____

Phone (work/cell): _____ Email: _____

CONTACT INFORMATION WILL BE USED TO NOTIFY YOU IF YOUR APPLICANT IS SUCCESSFUL. PLEASE PRINT CLEARLY

Reminder: Success of the Kin Canada Bursaries program relies on financial support of clubs. Donations can be sent to Kin National Headquarters.

PERSONAL INFORMATION

Last Name _____ First Name and Middle Initial _____

Permanent Address _____ City or Town _____ Province _____ Postal Code _____

Phone Number _____ Applicant E-mail Address _____ Parent/Guardian Email Address _____

Date of birth (mm/dd/yyyy) _____ Preferred Language: English French Citizenship Status: Canadian Citizen Permanent Resident

PROPOSED PROGRAM OF STUDY

Name of Institution _____ Location (City, Province) _____ Previous HREF Bursary Recipient Yes No

Expected Starting Date (mm/dd/yyyy) _____ Expected Graduation Date (mm/dd/yyyy) _____ Which year of study will you be entering? (1st, 2nd, etc.) _____ Certificate / Diploma / Degree Expected _____

Program/Area of Study _____ Full-time Part-time

Why are you choosing this program/area of study?

EDUCATIONAL HISTORY

Most recent school or institution	Grade / Program	Finish Date	Certificate/Diploma/Degree Completed
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FINANCIAL INFORMATION – All fields MUST BE COMPLETED or the application will NOT be considered (max. 38 points)

- Applicant/Student Net Income* for 2018: _____ Applicant/Student Net Worth (including RESPs)** : _____
- Where will you be living while attending school? On Own (House/Apartment) Residence Room & Board With Parents/Legal Guardians Shared Accommodations (# of roommates ___) Other (describe): _____
- Please list your estimated expenses for the **upcoming** academic year (12 months):

1.	Tuition/Incidental Fees:		Books/Supplies:		Total Line 1:		TOTAL:
2.	Housing/Accommodation:		Transportation:		Total Line 2:		

- Have you been out of high school 4 or more years? Y N Have you been in the work force **FULL TIME** for 2 consecutive years? Y N

If you answered Yes to either question in #4 above, skip question #5 and go to question #6.

- Parents Combined Net Income* for 2018 _____ Parents Combined Current Net Worth** : _____
 # of Parents: _____ # of Dependents living at home (including you): _____ # of children in post-secondary school in 2020/2021: _____
- Do you have children? Yes No If yes, how many? _____
- Are you married (or living common-law)? Yes No

If you answered No to question #7, skip question #8 and go to the next page.

- Spouse's Net Income* for 2018 _____ Spouse's Current Net Worth** _____

* Net Income as reported to Revenue Canada

** Net Worth = total value of assets (cash, houses, vehicles, investments, RESP, etc.) LESS total value of liabilities (mortgage, loans, etc.). This must be a numerical value.

ADDITIONAL FINANCIAL CONSIDERATIONS – Are there financial challenges you face of which the selection committee should be aware (i.e. medical condition/extenuating family circumstances requiring additional finances, single parent, etc.)?
 You may attach additional pages if necessary. **(max. 15 points)**

NON-FINANCIAL OBSTACLES – Comment on non-financial obstacles, if any, you have had to overcome or face in your pursuit of academic, extracurricular or community service goals. You may attach additional pages if necessary.

List school/community/organization activities that you have been involved in for the past three (3) years (teams, clubs, positions of responsibility, volunteer work, etc.) Please be specific. **(max. 17 points)**

YEAR	ACTIVITY TYPE/ ORGANIZATION NAME <small>(school, volunteer, etc.)</small>	EXTRA-CURRICULAR, COMMUNITY SERVICE AND VOLUNTEER ACTIVITIES	# of hours
YEAR	POSITION	WORK EXPERIENCE - PLACE OF EMPLOYMENT / JOB DESCRIPTION	Part-time or Full time

KIN KNOWLEDGE **(max. 20 points)**

1) Explain your **knowledge** of Kin Canada and your local/nearby Kinsmen, Kinette, Kin or Kin Campus Clubs. Give specific examples.

Kin Canada:
Local/Nearby Club:

2) Describe your **experience** with Kinsmen / Kinette / Kin or Kin Campus Clubs

3) Are you a Kin Member? Yes No List any relationships with Kinsmen and/or Kinettes (past or present).

Additional Points may be added based on Overall Impression of Application. Please use this space to add any additional information related to this application that you feel is important for consideration by the committee. (max. 10 points)

Would you like to receive a one-time information package about Kin Canada?	YES	NO
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PRIVACY STATEMENT AND APPLICATION AGREEMENT

Personal information under the control of Kin Canada (further known as the Association) and the Hal Rogers Endowment Fund shall remain confidential and shall not, without the consent of the individual to whom it relates, be used by the Association except: (a) for the purpose for which the information was obtained or compiled by the Association; or (b) for a use consistent with that purpose.

By completing and authorizing this Application, you consent to the use of your personal information for: (a) processing of the application; (b) publication of name in the Association’s Website and Brochure; (c) publication of name in the media; and/or (d) promotional purposes. You also consent to the use of your email address by the association, for the purpose of communication.

I hereby certify that all information is accurate and can be verified upon request, can prove Canadian citizenship; **and that I have not been a recipient of this bursary previously.**

I hereby acknowledge and agree to the above privacy statements and use of my personal information by the Association.

Signature of Applicant _____ Print Name _____ Date _____

Signature of Guardian (if applicant is not age of majority) _____ Print Name _____

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