



## Youth Foster Support Program Application

The Memorial University Youth Foster Support program is available annually to students entering Memorial University who have been in foster care in Newfoundland and Labrador for 12 months or longer. This bursary is valued at the cost of tuition and required fees for fulltime undergraduate students – based on NL tuition rates for the academic year. It is renewable for up to three additional years. Additional criteria for the awards include a minimum of 70% final admission average (St. John's/Grenfell campuses) or a minimum of 60% final admission average (Marine Institute), demonstration of critical financial need, and not have attained an undergraduate degree. Renewal criteria must be met each year.

**Application deadline:** April 15 for the forthcoming academic year.

### Section One

Full Name: \_\_\_\_\_

Mailing address:

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

High school attended: \_\_\_\_\_

Post-secondary institution attended (if applicable): \_\_\_\_\_

Have you completed a university degree? Yes  No

Time in foster care: \_\_\_\_\_

Citizenship status: Canadian citizen  Permanent resident  Other

Which campus will you be attending? St. John's  Grenfell  Marine Institute

MUN (MI) student #: \_\_\_\_\_

What is your expected start date? \_\_\_\_\_

Will you be applying for a Canada Student Loan/Provincial Student Loan/Provincial Student Grant for the upcoming academic year?

Yes  No

If no, provide reason why you are not seeking a loan:

## What are your estimated resources for the upcoming academic year?

1. Estimated savings from employment prior to the start of university: \$ \_\_\_\_\_
2. Tuition voucher/waiver: \$ \_\_\_\_\_
3. Scholarships/bursaries (do not include this award): \$ \_\_\_\_\_
4. Education/University trust fund (ex. RESP): \$ \_\_\_\_\_
5. Canada pension benefits: \$ \_\_\_\_\_
6. Other (state resources): \$ \_\_\_\_\_
7. Youth Services Program (CSSD): Yes  No   
If yes, include a copy of the agreement

## Do you have anyone dependent on you? If so, list name, age and relationship of individuals:

Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____

## Section Two Letter of Support

Please include a letter of support from the Department responsible for the foster care program or a recognized community organization who can verify that you have spent time in foster care.

**Note:** Applications must include this letter of support to be considered for this bursary.

## Section Three Declaration

I declare that to the best of my knowledge, the information provided is correct. I consent to the release of the information in this application, including high school transcripts on file, to the selection committee for the sole purpose of determining my eligibility for the bursary. I authorize the Department of Education, in the Province of Newfoundland and Labrador, to release my high school records to the Office of the Registrar, Memorial University of Newfoundland.

Student signature: \_\_\_\_\_

Date (Month/Day/Year): \_\_\_\_\_

**Personal Information and Protection of Privacy:** The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 c M-7). It is needed to apply for the Memorial University Youth Foster Support Program. If you have questions about the collection and use of this information, contact the Deputy Registrar (Strategic Enrolment Management), at 709 864 8754.

### Completed applications should be sent to:

Memorial University of Newfoundland  
c/o Scholarships and Awards Office  
Youth Foster Support Program  
230 Elizabeth Avenue  
Arts and Administration Building, Room A 1002  
St. John's NL A1C 5S7

### Or email application to:

fostercareprogram@mun.ca