

# APPLICATION FORM for BLOORVIEW SCHOOL AUTHORITY BURSARY

*The Bloorview School Authority Bursary is awarded to a student with a disability who meets each of the following criteria:*

- *attended Bloorview School Authority (formerly Bloorview MacMillan Centre) and is/was a client of Holland Bloorview Kids Rehabilitation Hospital,*
- *is starting studies in a recognized post secondary institution (college or university),*
- *has demonstrated achievement with a high academic record, participated in extra-curricular activities and made community contributions through volunteerism.*

*This bursary has been made available thanks to the generosity of community donors.*

- The award will be administered by Bloorview School Authority.
- Applications should be submitted before **May 1, 2018.**
- The award recipient will be selected by a committee of the Bloorview School Authority and will be notified no later than August 31, 2018
- The award recipient will be required to provide proof of enrolment at a post-secondary institution.
- The value of the award will be \$5,000.00

## PLEASE PRINT

**Name of Applicant:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  
Day Month Year

**Home Address:** \_\_\_\_\_  
Street Address  
City Province Postal Code

**Home Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**School:** \_\_\_\_\_  
Name  
Street City Province  
Telephone Fax Postal Code

**Signature:** \_\_\_\_\_  
Applicant or person recommending applicant

**Date:** \_\_\_\_\_

## ADDITIONAL INFORMATION

Date(s) when applicant attended Bloorview School  
(formerly Bloorview MacMillan School): \_\_\_\_\_

Name of university or college, and  
program you plan to attend: \_\_\_\_\_  
\_\_\_\_\_

Other scholarships or bursaries  
for which you have applied: \_\_\_\_\_  
\_\_\_\_\_

Other scholarships, awards,  
bursaries you have been  
awarded. \_\_\_\_\_  
\_\_\_\_\_

<b>Estimate the total cost of your education for the year:</b>	Tuition	\$ _____	Residence	\$ _____
	Books	\$ _____	Meal Plan	\$ _____
	Travel	\$ _____	Specialized equipment/	\$ _____
	Other	\$ _____	technology	_____
			to support learning	_____
		<b>TOTAL</b>	<b>\$</b>	<b>\$ _____</b>

**Supporting Information:**

- proof of Canadian citizenship
- most recent school transcript
- a 2-3 page letter of introduction from applicant including nature of disability, use of specialized equipment related to studies, qualifications for the award, future educational plans, goals, career plans, and strengths (i.e. leadership qualities, community involvement, extra curricular activities and interests)
- academic reference from secondary school principal
- personal reference from individual familiar with your extra curricular activities and outstanding characteristics

Please note: Your Social Insurance Number and proof of enrolment will be required if you are the successful applicant.

**Application form and accompanying documentation should be forwarded to:**

Bloorview School Authority  
150 Kilgour Road  
Toronto ON M4G 1R8

Fax: 416-425-2981      E-mail: [school@hollandbloorview.ca](mailto:school@hollandbloorview.ca)

**SELECTION PROCEDURE:**

It is the applicant's responsibility to ensure that all documents are submitted prior to May 1, 2018. All applications will be reviewed by an adjudication committee. The successful recipient of this bursary will be notified by the end of August and proof of enrolment must be provided. The Bloorview School Authority is not responsible for lost or incomplete applications. Applications with incomplete supporting documentation cannot be considered. Do not send originals.

