

# Dare to Dream Bursary Program

# Application Form

# for First Time Applicants\*

**\*for students who have not received a CAFO Dare to Dream Bursary previously**

# Application Deadline

# Tuesday, May 23, 2023

**5:00 PM**

# BURSARY AND APPLICATION OVERVIEW AND INSTRUCTIONS

## Eligibility

Bursaries are available to individuals planning to attend a recognized post-secondary college or university or a qualified post-secondary institute.

## Applicant Requirements

* Currently a Child in Extended Society Care (formerly known as Crown Ward) of the Children’s Aid Society of Ottawa (CASO); or
* Former Child in Extended Society Care (formerly known as Crown Ward) of the CASO up to age 30; or
* Currently receiving Ready Set Go (RSG), CCSY or VYSA support at the CASO

## Bursary Framework

* Bursary amounts vary according to the institution attended, the cost associated with the chosen program, and the availability of bursary funds.
* Bursaries are awarded for full- or part-time uninterrupted studies.
* Bursaries must be applied for each year and are provided for continuous study over the normal length of the program.
* Bursary applications are reviewed by a committee comprised of Foundation board members who do not know you or your story as identifying information is redacted.

**Please note**: Bursaries are awarded for tuition payments **only**. A cheque for the awarded bursary amount will paid directly to the post-secondary institution by the Children’s Aid Foundation of Ottawa in two installments.

**Please note: Tuition deposits are the responsibility of the student. The Children’s Aid Foundation of Ottawa will not individually pay tuition deposits.**

## How to Apply

1. Contact your current or most recent CASO protection worker for assistance (if required).
2. Complete the application in full (see “Checklist” on page 13). **All information contained in the application is kept confidential.**
3. **Submit your completed application, including all additional documents (listed under “Part 10: Additional Documents” on page 11), following the instructions below:**
   * **Save your application as: “First Name\_Last Name\_D2D First Time Applicant”.**
   * **Email your application, and all additional documents, to** [**foundation@cafott.ca**](mailto:foundation@cafott.ca)

## Additional Information

* Do not send any applications by mail.
* Hand-written applications will not be evaluated.
* Applications received after the deadline will not be considered.

# SELECTION PROCEDURE AND EVALUATION CRITERIA

## Selection Procedure

* A Dare to Dream Bursary selection committee, comprised of representatives the Children’s Aid Foundation of Ottawa, will review all applications following the evaluation criteria (listed below).
* Students are encouraged to apply for a bursary even if they have not yet been officially accepted to a post-secondary institution. Bursaries are not distributed until confirmation of enrollment is received from the student.

## Application Components and Evaluation Criteria

* Each application is composed of 10 parts:
  1. Personal Information
  2. Contact Information
  3. Academic Information
  4. OSAP Information
  5. Personal Circumstances
  6. Personal Support
  7. Education & Career Plans
  8. Interests, Activities, & Volunteerism
  9. Budget for 2023-24 School Year
  10. Additional Documents
* Each application will be **scored and evaluated** on the following four criteria (taking into account all 10 required parts of the application listed above):

|  |  |  |  |
| --- | --- | --- | --- |
| **Education &**  **Career Plans** | **Interests, Activities, & Volunteerism** | **Academic Performance** | **Overall Impact of Application** |
| Description of specific education/career plans shows a desire to attend the applicant’s chosen post-secondary institution. Applicant shows a strong sense of determination and motivation to achieve their education and career goals. | Applicant demonstrates a high interest in community involvement and being an active citizen. | Applicant’s academic performance shows a strong engagement and participation in their most recent school setting. | Application is well thought-out and written. Applicant describes a genuine desire and need for this bursary. |

**Please note**: In terms of evaluation, your Education & Careers Plans and the Overall Impact of your Application are *weighted heavier* than your Interests, Activities, & Volunteerism and your Academic Performance.

*Applicants will be notified of the outcome of their application, by email, by* ***June 30****.*

**DARE TO DREAM BURSARY APPLICATION**

## Part 1: PERSONAL INFORMATION

FIRST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRONOUNS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAMILY NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CURRENT AGE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WARDSHIP STATUS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Part 2: CONTACT INFORMATION

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY/TOWN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POSTAL CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT CAS PROTECTION WORKER (IF APPLICABLE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*IF YOU DO NOT HAVE A CURRENT CAS PROTECTION* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*WORKER, ENTER THE NAME OF YOUR LAST ONE HERE.*

YOUR LAST YEAR IN THE CARE OF CASO/CCSY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Part 3: ACADEMIC INFORMATION

HIGHEST LEVEL OF EDUCATION ACHIEVED TO DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT SCHOOL/EDUCATIONAL INSTITUTION (IF APPLICABLE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF SELECTED POST-SECONDARY INSTITUTION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROGRAM LEVEL (BACHELOR’S, MASTER’S, ETC.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROGRAM NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LENGTH OF PROGRAM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPECTED YEAR OF GRADUATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Part 4: OSAP INFORMATION

1. Have you applied for OSAP? YES  NO
2. *If no*, are you planning to apply? YES  NO
3. *If no*, provide the reason why you did not apply/why you are not planning to apply.

**NEED MORE FINANCIAL SUPPORT?**

For more information about Postsecondary Supports for Crown Wards and Youth in and Leaving Care, click here: <https://news.ontario.ca/en/backgrounder/26158/postsecondary-supports-for-crown-wards-and-youth-in-and-leaving-care>

## Part 5: PERSONAL CIRCUMSTANCES

In order for the Bursary Selection committee to get to know you, please provide a few details about yourself (ex: goals, interests, hobbies, ambitions, aspirations in life, etc.) and note if there are any exceptional circumstances you would like to bring to the attention of the selection committee. **All information will be kept confidential.**

**Please note**: You will not be directly scored on this portion of the application. Please only write what you are comfortable sharing.

**Please include, at minimum, how the COVID-19 pandemic has affected your life, schooling, etc.**

## Part 6: PERSONAL SUPPORT

Tell us about the people currently in your life who provide you with support and would be willing to support you in the future. Describe how you see this support team working with you throughout your education goals.

**Please note**: This section must be completed in order for your application to be considered.

## Part 7: EDUCATION & CAREER PLANS

Please outline your current educational and/or career plans. Comment on the relevance of these educational/career plans to your chosen educational path. Be as clear and detailed as possible.

**Please note**: If additional space is required, or you have an additional document that you would like to attach, please submit it along with this application. Instructions for submitting additional documents are outlined in “Part 10: Additional Documents”.

**Please note**: This section must be completed in order for your application to be considered.

## Part 8: INTERESTS, ACTIVITIES, & VOLUNTEERISM

What are your current interests, activities, and hobbies (in and outside of school)? Are you involved in volunteer work? If yes, where and what do you do?

If you are a high school student, describe the required 40 hours of work you completed for the Ontario Secondary School Diploma as well as other volunteer work have you completed outside of your high school hours if applicable.

**Please note**: An updated copy of your CV/Resume can be attached outlining your volunteerism in sufficient detail and will be accepted for this portion of the application. *Please write if this is your intention in the text box below.*

**Part 9: Budget for 2023/2024 School Year**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Income** | **$ per month** | **Total**  **(8 months**  **Sept-Apr)** | **Expenses** | | **$ per month** | **Total**  **(8 months**  **Sept-Apr)** |
| Bursaries/Scholarships |  |  | **School** | Tuition Fees |  |  |
| OSAP/Other Loans |  |  | Books, supplies, etc. |  |  |
| Bank Loan |  |  | **Home** | Rent |  |  |
| Ontario Disability |  |  | Residence/Campus Housing |  |  |
| Line of Credit |  |  | Apt./Home Insurance |  |  |
| Employment Income |  |  | Utilities (gas, water, etc.) |  |  |
| CCSY/Ready Set Go |  |  | Cell Phone, Internet, Netflix |  |  |
| Ontario Works |  |  | Groceries |  |  |
| Child Tax Benefit |  |  | **Personal** | Entertainment (movies, etc.) |  |  |
| Employment Insurance |  |  | Clothing |  |  |
| OCBE Funds |  |  | Hygiene products, personal care |  |  |
| Other (please specify) |  |  | Medical/Dental |  |  |
|  |  |  | Credit Card Payment(s) |  |  |
|  |  |  | Child Care |  |  |
|  |  |  | Car (lease, gas, insurance, etc.) |  |  |
|  |  |  | Bus pass |  |  |
|  |  |  | Other (please specify) |  |  |
| **Total Income** |  |  | **Total Expenses** | |  |  |

***Note: Only fill the areas of your income and expenses that are applicable in the budget.***

## Part 10: ADDITIONAL DOCUMENTS

Please submit the following additional documents along with your email submission of your application. A scan of each document is preferred.

1. **A copy of your most recent unofficial or official Report Card/Transcript** (***required***).
2. A reference letter from your current or past CAS Protection Worker, **OR** another professional reference such as a teacher, mentor, or employer. Deadline for reference letters is May 23.
   * ***Please note***: You can send your professional reference this online link to complete their reference letter or attach a separate letter as an attachment 🡪

<https://forms.office.com/Pages/ResponsePage.aspx?id=e3ba5ofyv02un5_lQvXv5c3F1WRLYLVBqQbcEqz58ChUMkRRU041OUU1OFhCNTEyRjdZUUhDN1UyTS4u>

1. Additional supporting documents (***optional***)
   * Additional document for “Part 7: Education & Career Plans”.
   * Résumé for “Part 8: Interests, Activities, & Volunteerism section”.

# Dare to Dream Bursary Recipient Agreement Form

Should I be successful in my application for a Dare to Dream Bursary awarded by the Children’s Aid Foundation of Ottawa, ***I agree to make the following commitments***:

* I confirm that all information provided in this application is accurate and true.
* I will submit a signed Letter of Agreement, Confirmation of Enrollment, and Thank You Letter to the Foundation by **Monday,** **July 31, 2023**.
* I will complete the Mid-semester Schooling Update form and submit my Confirmation of Enrollment for second semester by **Monday, November 27, 2023**, which will be sent to me by email on **Monday, November 6, 2023**.
* I will keep my contact information current and will advise the Foundation of any changes to my mailing address, email, or telephone as soon as possible. I understand that if I do not submit this information, I will not be entitled to receive the balance of the monies (if applicable) and that the Foundation will ask me to repay the total amount of the bursary. I also understand that I will no longer be eligible for any additional funds of any kind.
* I understand that CAFO may reference brief, non-identifying information from my application for the sole purpose of promoting the Dare to Dream Bursary Program to potential donors and/or showing applicant’s appreciation to existing or potential donors to the program.

**Please note**:

If you are signing electronically (i.e. typing your name below), your electronic signature will be confirmation that you have read and agree to follow the commitments mentioned above.

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

## Checklist for Application

We strongly suggest that you have your application reviewed by a caregiver, protection worker, mentor, or teacher before submitting it.

Ensure that you have all of the following sections of your application completed prior to submission:

☐ Part 1: Personal Information

☐ Part 2: Contact Information

☐ Part 3: Academic Information

☐ Part 4: OSAP Information

☐ Part 5: Personal Circumstances

☐ Part 6: Personal Support

☐ Part 7: Education & Career Plans

☐ Part 8: Interests, Activities, & Volunteerism

☐ Part 9: Budget for 2023-24 School Year

☐ Part 10: Additional Documents

☐ Copy of most recent unofficial Report Card/Transcript (***required***)

☐ Professional Reference Letter (***required***)

☐ Any Additional Support Documents, for Parts 7 & 8 (***optional***)

☐ Read and signed Dare to Dream Bursary Recipient Agreement Form