

PROVINCE OF BRITISH COLUMBIA

The Public Guardian and Trustee Educational Assistance Fund

BURSARY APPLICATION

2021-2022

Public Guardian and Trustee Educational Assistance Fund bursaries are awarded annually in consultation with the Ministry of Children and Family Development from a limited fund to high school graduates who are 19 years old or over and pursuing a post-secondary academic, technical or vocational program. These bursaries are only available to former permanent wards of the Ministry of Social Services and those formerly in continuing custody of the Ministry of Children and Family Development of the Province of British Columbia

These bursaries assist recipients to further their academic or vocational goals by <u>supplementing</u> existing funding to cover shortfalls which otherwise might cause the individual to terminate their studies prematurely. **Applicants must have other sources of funds**.

ANNUAL APPLICATION DEADLINE: APRIL 15, 2021

Please submit completed application to:

Personal Trust Administrator
Estate and Personal Trust Services
Public Guardian and Trustee of British Columbia
700 – 808 West Hastings Street
Vancouver, BC
V6C 3L3

PLEASE READ THIS FORM CAREFULLY AND ANSWER ALL THE QUESTIONS FULLY AND ACCURATELY. WHERE QUESTIONS DO NOT APPLY TO YOU, MARK N/A. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. ADDITIONAL INFORMATION MAY BE ATTACHED IF REQUIRED.

SECTION I - PERSONAL INFORMATION (Please print in black ink)

1.	Name(Mr.,Mrs.,Miss,Ms.)			
	Surn		First Name	Middle Name
	Birth Name if different from above			
2.	Eligibility - Period you were a perr	manent ward or i	in continuing custody:	
	From	to		
3.	Home Address	4.	Mailing Address (If different)	

5.	Phone # ()	6.	Date of Birth		_
			Day/l	Month/Year	
			Age as of December 3	31,2021 ——	years old
7.	S.I.N	8.	Marital ☐ Single Status: ☐ Widowed		or Common-law ed/Divorced
9.	List dependants, under 19 years of	f age, in your cus	stody:		
	F	FULL NAME	A	GE	
					
10.	First Nations member: Yes	No I	Unknown		
	NOTE:				
	This bursary is ONLY available to in continuing custody of the Minist	try of Children ar	nd Family Development	of the Provinc	e of British Columbia until age
	19 and meet the criteria set out in about your eligibility, please provio and Family Development (formerly	de approximate o	dates. Wardship status		
SE	about your eligibility, please provice and Family Development (formerly	de approximate on the Ministry of S	dates. Wardship status		
SE	about your eligibility, please provice and Family Development (formerly	de approximate of the Ministry of S	dates. Wardship status Social Services). FORMATION	will be confirm	ned by the Ministry of Children
	about your eligibility, please provice and Family Development (formerly ECTION II: EDUCAT	de approximate of the Ministry of S TONAL INF ncy: Date:	dates. Wardship status Social Services). FORMATION School	will be confirm	ned by the Ministry of Children
1.	about your eligibility, please provice and Family Development (formerly ECTION II: EDUCAT High School Graduation/Equivaler School/college/university last atter Dates Attended	de approximate of the Ministry of State of the Ministry of the Minis	dates. Wardship status Social Services). FORMATION School ATTACH M	will be confirm	ned by the Ministry of Children
1.	about your eligibility, please provice and Family Development (formerly ECTION II: EDUCAT High School Graduation/Equivaler School/college/university last atter Dates Attended	de approximate of the Ministry of States	dates. Wardship status Social Services). FORMATION School ATTACH M	ool:	ned by the Ministry of Children NT TRANSCRIPT
1. 2.	about your eligibility, please provice and Family Development (formerly ECTION II: EDUCAT High School Graduation/Equivalent School/college/university last atternates Attended	de approximate of the Ministry of S TIONAL INF ncy: Date:	dates. Wardship status Social Services). FORMATION School ATTACH M	pol:	NT TRANSCRIPT
 1. 2. 3. 	about your eligibility, please provice and Family Development (formerly ECTION II: EDUCAT High School Graduation/Equivaler School/college/university last atternates Attended	de approximate of the Ministry of State of State of State of the Ministry of State of Sta	dates. Wardship status Social Services). FORMATION School	ool:	NT TRANSCRIPT
 1. 2. 3. 4. 	about your eligibility, please provide and Family Development (formerly ECTION II: EDUCAT High School Graduation/Equivaler School/college/university last attended Intended program of study Name of institution/college/university	de approximate of the Ministry of State INF TONAL INF ncy: Date: nded sity ers/hours)	dates. Wardship status Social Services). FORMATION Scho	ool:	NT TRANSCRIPT
 1. 2. 3. 4. 5. 	about your eligibility, please provide and Family Development (formerly ECTION II: EDUCAT High School Graduation/Equivaler School/college/university last atterdates Attended Intended program of study Name of institution/college/university last atterdates attended program of study Length of program (years/semester)	de approximate of the Ministry of State of State of the Ministry of State of State of the Ministry of State of State of State of the Ministry of State of State of the Ministry of State o	dates. Wardship status Social Services). FORMATION School ATTACH M	ool:	NT TRANSCRIPT
1. 2. 3. 4. 5.	about your eligibility, please provide and Family Development (formerly ECTION II: EDUCAT High School Graduation/Equivaler School/college/university last atter Dates Attended Intended program of study Name of institution/college/university last atter Length of program (years/semesters/hours)	de approximate of the Ministry of State of State of the Ministry of State of State of State of State of State of the Ministry of State of	dates. Wardship status Social Services). FORMATION School ATTACH Material Materials and services are services.	ool:	NT TRANSCRIPT

Why do you believe you would be suita	
Why do you believe you would be suita	able for your chosen career? (Also attach letters of recommendation)
ECTION III - EMPLOYMEN	T ASSETS AND LIABILITIES
ECTION III - EMPLOYMEN	T, ASSETS AND LIABILITIES
List work/volunteer experience for pas	T, ASSETS AND LIABILITIES st two years, including full-time, part-time and summer jobs (most received)
List work/volunteer experience for pas Attach separate sheet if necessary.	Length of Employment:
List work/volunteer experience for pas Attach separate sheet if necessary. Employer #1 -	Length of Employment: To:
List work/volunteer experience for pas Attach separate sheet if necessary. Employer #1 - Address:	Length of Employment: From: Monthly Income:
List work/volunteer experience for past Attach separate sheet if necessary. Employer #1 - Address: Type of Work:	Length of Employment: Monthly Income: Length of Employment: Length of Employment: To: Length of Employment: To: Length of Employment:
List work/volunteer experience for pass Attach separate sheet if necessary. Employer #1 - Address: Type of Work: Employer #2 -	Length of Employment: Monthly Income: From: Length of Employment: To: Monthly Income: From: To: Monthly Income: To: Monthly Income: To: Monthly Income: Monthly Income: To: Monthly Income:
List work/volunteer experience for pass Attach separate sheet if necessary. Employer #1 - Address: Type of Work: Employer #2 - Address:	Length of Employment: Monthly Income: From: To: Length of Employment: Monthly Income:
List work/volunteer experience for past Attach separate sheet if necessary. Employer #1 - Address: Type of Work: Employer #2 - Address: Type of Work:	Length of Employment: Monthly Income: From: To: Length of Employment: Length of Employment: Length of Employment: Length of Employment:

Asset	Market Value	Amount Owed	on Asset	You	ur Equity
a)					
p)					
E)					
d)					
	s or prizes awarded for y	our current or upcor	ning schoo	l year(s) (atta	ach separate sl
ist any scholarships, bursaries ecessary): Name of Award	·	& Year Receiv	ed for		·
ecessary):	Month 8	& Year Receiv	ed for		Can you
ecessary):	Month 8	& Year Receiv	ed for		Can you
ecessary):	Month 8	& Year Receiv	ed for		Can you

4. List any outstanding loans, including student loans, credit cards etc.

Have you applied for student loans for the upcoming academic year?	Yes		No
If not, please explain			
Are you eligible for student loans? Yes No	Don't Know		
Have you applied for a bursary under the Youth Educational Assistance	ce Fund?	Vaa	
For more information about the Youth Education Assistance Fund, con Ministry of Advanced Education – Student Services Branch Attn: Special Programs Unit PO Box 9173 Stn Prov Govt Victoria, BC V8W 9H7 or: AVED.SpecialPrograms3@gov.bc.ca	ntact:	Yes	No
If not, please explain.			

SECTION IV - BUDGET

study will begi	n month/year	and end		<u> </u>	
	month/year		month/year		
During this tim	e I will be living in:				
se	If owned residence				
rer	nted accommodation				
sc	nool residence				
oth	ner, explain:				
Vill you be wo	orking during this time per	iod?Yes		No	
		Yes			
	orking during this time per explain:	Yes			
		Yes			

Estimated Monthly Expenses

ESTIMATES FOR THE PERIOD OF MY STUDY

Estimated Monthly Income

Net Earned Income from employmen	nt:		Rent or Mortgage Payments (incl. taxes)	\$	
Applicant	\$	_	Food	<u>v</u>	-
Spouse		_	Clothing		-
Social Assistance/GAIN		_	-		-
Daycare Subsidy		_	Heat & Electricity		-
Child Support		_	Telephone		-
Spousal Allowance		_	Cable		-
Family Allowance		_	Insurance – house		-
GST Credits		_	- vehicle		-
Orphan's Benefits		_	Loans (details in S(III)(4))		<u>-</u>
Post Majority Funds		_	Transportation, gas, buspass, etc.		-
Other Income (please specify)		_	Daycare		-
Other income (please specify)	-	_	Medical and Dental		-
			Payment of Child Support/ Spousal Allowance		_
TOTAL MONTHLY INCOME	<u>\$</u>	_ (A)	Other expenses (please specify)		-
Multiply total (A) by the number of months you will be studying this academic year (from previous page)		- _ (B)	TOTAL MONTHLY EXPENSES	<u>\$</u>	_ (E)
ADD: Any of the following available	for this period	= (=)	Multiply total (E) by the number of months you will be studying this year (from previous page).		-
Scholarships		_	ADD: Educational Costs	<u>\$</u>	(F)
Bursaries		_	Tuition		
Savings	-	_	Books		-
Student Loans		_			-
Total Other Funds		_ (C)	Supplies Total Educational Costs		· (C)
TOTAL AVAILABLE FUNDS FOR MY PERIOD OF					_(G)
STUDY(B+C)	\$	₌ (D)	TOTAL EXPENSES FOR MY PERIOD OF STUDY (F+G)	\$	(H)
FINANCIAL NEED (H – What is the maximum amount of			(Expenses must exceed inco this bursary)		for

ESTIMATES FOR THE <u>1 YEAR PERIOD PRIOR TO MY PERIOD OF STUDY</u>

ESTIMATED YEARLY IN	COME	ESTIMATED YEARLY EXPENSES		
Net Earned Income from employment: Applicant	\$	Rent or Mortgage Payments (incl. taxes) Food	\$	
Spouse		Clothing		
Social Assistance/GAIN		Utilities		
Daycare Subsidy				
Child Support		Insurance - house		
Spousal Allowance		- vehicle		
Family Allowance		Loans (details in S III (4))		
GST Credits		Transportation, gas, buspass, etc.		
Orphan's Benefits		Daycare		
Post Majority Funds		Medical and dental		
Other Income (please specify)		Payment of Child Support/Spousal Allowance		
(F. 6.6.6.5)		Other expenses (please specify)		
TOTAL YEARLY INCOME	<u>\$</u> (A)	TOTAL YEARLY EXPENSES	\$ (D)	
ADD: Any of the following available for that p	eriod	ADD: Educational Costs paid that period		
Scholarships		Tuition		
Bursaries		Books		
Savings		Supplies		
Student Loans				
TOTAL OTHER FUNDS		TOTAL EDUCATIONAL COSTS	(E)	
TOTAL AVAILABLE FUNDS FOR YEAR PRIOR TO MY PERIOD OF STUDY: (A+B)	<u>\$</u> _(C)	TOTAL EXPENSES FOR YEAR PRIOR TO MY PERIOD OF STUDY: (D+E)	<u>\$</u> (F)	
SAVINGS (C – F) =		(Amount by which Income exceeded Expense	s)	

reviewing your applica	ion.						
SECTION V – TRAI	SCRIPTS AND REFERENCES						
	A TRANSCRIPT OF MARKS IS REQUIRED						
I have included the most re	cent transcript of my marks: YES OR						
	will follow (prior to May 15, 2021)						
Letters of reference are re-	ommended as they are beneficial to the determination of your award.						
SECTION VI - APP	ICANT'S DECLARATION (signature required)						
THE BURSARY IS ESSENTI WILLING TO SUBMIT ALL	THE INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE AND THA AL FOR ME TO CONTINUE MY EDUCATION. I FURTHER DECLARE THAT I AM TATEMENTS FOR INDEPENDENT VERIFICATION AND AUDIT AND THAT I WILL TION NECESSARY TO SUBSTANTIATE MY CLAIMED EXPENSES.						
I declare that I will notify the during the period stated.	ublic Guardian and Trustee if I do not complete my proposed course of study or training						
I understand that attempting Code of Canada.	o obtain funds by giving fraudulent information is punishable by law under the Criminal						
Date	Signature						