



Nova Scotia Council for the Family

AMANDA'S GIFT BURSARY PROGRAM

Amanda's Gift is a bursary program of the Nova Scotia Council for the Family. It was established to provide financial assistance to **youth formerly in the care and custody of the Province of Nova Scotia** who wish to pursue education/career development opportunities. The bursary funds will be used to assist with items such as: tuition, books, computer equipment, conference fees and adult education courses.

- Priority will be given to former youth in care who resided in foster, residential or independent living settings.
- Youth adopted from care qualify for a maximum of \$250.00, depending on funds available.
- Applicants must be 16-28 years of age.
- Recipients of the Amanda's Gift bursary will continue to be eligible for consideration until completion
- Former recipients of Amanda's Gift bursaries may re-apply.
- Awards are a minimum of \$250 and can go up to \$1,500.

The bursary was named in honour of a former youth in care who made a generous donation of \$500 to the Council. Amanda felt more needed to be done to reach out to former youth in care who are pursuing educational goals under challenging circumstances. The members for the Nova Scotia Council for the Family agreed and established Amanda's Gift. We rely on the generosity and support of our members and the community at large to donate funds to keep the program growing. For more information on making a donation to Amanda's Gift, contact the Nova Scotia Council for the Family.

The Nova Scotia Council for the Family is a registered charity formed in 1967 to serve member organizations with a desire to improve the range and quality of services for children and families in Nova Scotia. A Board of Directors that is appointed by member organizations leads the Council. As a registered charity, the Council issues tax receipts for qualifying donations.

APPLICATION PROCEDURE – 2018/19

A selection committee reviews completed applications twice a year (summer and fall).

Application Deadline:	June 22 nd , 2018	October 26, 2018
Review by Committee:	July 2018	November, 2018
Notification:	July 2018	November, 2018
Funds Issued:	September 4 th , 2018	January 3 th , 2019

ADDITIONAL APPLICATION FORMS ARE AVAILABLE FROM THE NOVA SCOTIA COUNCIL FOR THE FAMILY

1888 Brunswick Street, Suite 302
Halifax, Nova Scotia B3J 3J8
(902) 422-1316 Ext. #4
www.nscouncilfamily.org

ONLY COMPLETED APPLICATIONS RECEIVED BY THE APPLICATION DEADLINE WILL BE REVIEWED. Applications received after the deadline will only be considered if there are funds available. Please keep a copy of your submission records.

AMANDA'S GIFT APPLICATION FORM

*Parts A, C, D and E of this form must be completed by the applicant.
Please ensure your application is legible.*

Part A – PERSONAL INFORMATION

All questions must be answered

Name:

Address:

City/Town:

Postal Code:

Phone:

E-mail Address:

Date of Birth: (Month/Day/Year)

Name of your former Child Welfare Agency:

Name of your former Social Worker(s):

Approximate length of time in care:

Approximate date of leaving care:

Adoption Status: Not applicable

Adopted from care If yes, at what age? _____

How did you learn about Amanda's Gift Bursary?

Have you received an Amanda's Gift Bursary in the past? _____

Do you qualify for the Department of Community Services Educational Bursary Program for Youth in Care? _____

This bursary is for youth in permanent care and custody. There is an extension to this program for former youth in care who are between 19 and 24 years of age. If you think you may qualify for this program, we encourage you to contact your former child welfare office for more information.

Part B – LETTER OF SUPPORT

Provide a letter of support with your application. The letter must be written by a professional who knows you fairly well. If you have applied to Amanda's Gift in the past, you are encouraged to ask a new person to provide your reference letter for this application.

Possible references may include:

- Social worker
- Counsellor
- Teacher
- Doctor
- Employment supervisor
- Foster parent
- Program advisor

Ensure letter is on business letterhead or includes sender's contact information and position.

Reference information **must include capacity in which reference knows you** and at least two of the following:

- Interpersonal skills
- Goals
- Integrity
- Study Skills
- Leadership abilities
- Ability to undertake the program
- Achievements

Support letter must be dated within 3 months of application date.

Without this letter, your application will be incomplete.

Part C – DESCRIPTION OF PROGRAM, GOALS AND ACHIEVEMENTS

All questions must be answered

If additional space is required, please attach a separate sheet.

1. Describe the program you wish to attend.

(a) Name of program:

(b) Name of institution and location of program (e.g. NSCC Truro Campus):

(c) Length of program:

(d) Start date:

(e) Program cost (please indicate if cost is per semester or per year):

Tuition \$ _____

Program Fees \$ _____

(f) Related programs expenses:

Books \$ _____

Equipment (if applicable) \$ _____

(g) Other monthly expenses:

Transportation	\$ _____
Living expenses (rent, food, etc.)	\$ _____
Child care (if applicable)	\$ _____
Other	\$ _____

(h) Please list all anticipated sources of income (scholarships, student loan, employment earnings, etc.):

(i) Brief Description of the Program (2-3 sentences):

2. By applying for this bursary, it is evident you have plans for your future. Explain, in 3 or 4 sentences, how this program will prepare you for your future educational or career goals. If necessary, feel free to attach an additional page.

3. Explain how your personal achievements (*example*: completion of school, volunteer work, paid employment, awards, etc.) have helped prepare you for your future educational or career goals. If necessary, feel free to attach an additional page.

4. Please use this space to add any additional information you would like to share with the Amanda's Gift Selection Committee.

Part D – CONSENT FORM

I am currently being considered for an Amanda’s Gift Bursary, a program offered by the Nova Scotia Council for the Family for youth formerly in the care of Nova Scotia’s child protection services. I provide my consent for my former Child Welfare Agency to provide confirmation to the Nova Scotia Council for the Family of my previous care status.

Signature _____ Date _____

Part E – APPLICATION DECLARATION

I declare that the information in this application form is accurate and complete.

Signature _____ Date _____

Would you like to be notified of other opportunities for former youth in care? Yes No

CHECKLIST

Before sending in your application, here is a checklist to help you prepare. If you have any questions, please contact the Nova Scotia Council for the Family.

	I am a youth formerly in the care of the Province of Nova Scotia’s child protection services (or will be at the time the bursary funds are issued).
	I am in the 16-28 year age range (or was at the time of my initial application).
	I have completed the application personally.
	I have included a letter of support with my application.
	I have completed the declaration, by signing and dating the application form.

Completed applications, including a letter of support, must be received by the Nova Scotia Council for the Family on or before the application deadline. Please send to:

**NOVA SCOTIA COUNCIL FOR THE FAMILY
1888 BRUNSWICK STREET, SUITE 302
HALIFAX, NOVA SCOTIA B3J 3J8**

Fax: (902) 422-4012

You will be notified of the status of your request after the Selection Committee completes the review.