

**Deadline  
for application  
May 31**

# APPLICATION FORM

**THE THELMA GOODALL MEMORIAL BURSARY**

For Youth-in-Care or Former Youth-in-Care

Parts A, B, and F of this form must be completed and signed by the applicant. All questions must be answered. *Please use black pen or type. If you require additional space, please use the back of the application or attach an additional sheet of paper.*

## PART A—PERSONAL INFORMATION

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

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Year Month Day

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

Name of your current or former Child Welfare Agency: \_\_\_\_\_

Name of your current or former Social Worker(s): \_\_\_\_\_

## PART B—DESCRIPTION OF PROGRAM, GOALS AND ACHIEVEMENT

Describe the program you wish to attend.

1. Name of Program: \_\_\_\_\_

2. Location of Program: \_\_\_\_\_

3. Length of Program: \_\_\_\_\_

4. Start Date: \_\_\_\_\_

5. Program Cost: \_\_\_\_\_

6. Other Expenses Related to the Program: \_\_\_\_\_

7. Brief Description of the Program: \_\_\_\_\_

## PART C—SOCIAL WORKER'S RECOMMENDATION (FORM ATTACHED)

## PART D—ATTACH A LETTER OF ACCEPTANCE

**PART E ATTACH ESSAY—describing why you have chosen to enter this particular educational program (200 words maximum length)**

## PART F—APPLICATION DECLARATION

I declare that all the information in this application form is accurate and complete. . I give permission to the Federation to include my name and/or photo in their newsletter. (Name: Yes\_\_\_ No \_\_\_) (Photo: Yes\_\_\_ No \_\_\_)

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Completed applications must be received by The Federation of Foster Families of Nova Scotia on or before the application deadline.

Send completed form to: Bursary Committee  
c/o Federation of Foster Families of Nova Scotia  
99 Wyse Road, Suite 350  
Dartmouth, NS B3A 4S5  
Fax: (902) 424-5199

YOU WILL BE NOTIFIED OF THE STATUS OF YOUR REQUEST AFTER THE SELECTION COMMITTEE COMPLETED THE REVIEW. ONLY COMPLETED APPLICATIONS RECEIVED BY THE APPLICATION DEADLINE WILL BE REVIEWED. Applications received after the deadline will be returned.

# SOCIAL WORKER'S RECOMMENDATION

## THE THELMA GOODALL MEMORIAL BURSARY

For Youth-in-Care or Former Youth-in-Care

### A PROGRAM OF THE FEDERATION OF FOSTER FAMILIES OF NOVA SCOTIA

(NOTE TO APPLICANT: Please give this to the social worker you or your family normally deal with and ask him/her to fill it in and send it in as soon as possible to the Federation office).

#### **PART C SOCIAL WORKER'S RECOMMENDATION**

To the Social Worker: The Thelma Goodall Memorial Bursary is a program of The Federation of Foster Families of Nova Scotia. It was established to assist youth-in-care or former youth-in-care who are enrolled in a post-secondary educational program to further his/her skills.

APPLICATION DEADLINE IS **May 31st** EACH YEAR.

APPLICANT'S NAME: \_\_\_\_\_

SOCIAL WORKER'S NAME: \_\_\_\_\_

AGENCY: \_\_\_\_\_ PHONE #: \_\_\_\_\_

FOSTER PARENT'S NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

ARE THERE REASONS YOU WOULD LIKE TO SEE THIS PERSON RECEIVE THIS BURSARY? (any special accomplishments)

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Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Thank you for your assistance. Please send completed form to:

FEDERATION OF FOSTER FAMILIES OF NOVA SCOTIA  
99 WYSE ROAD, SUITE 350  
DARTMOUTH, NS B3A 4S5  
Fax: (902) 424-5199

PLEASE REMEMBER THAT THE DEADLINE FOR APPLICATIONS/RECOMMENDATIONS IS **May 31st**.