



## **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
- Youth adopted from care will receive a \$250.00 bursary

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 – 2020/21**

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

<b>Application Deadline:</b>	June 24, 2020	October 30 <sup>th</sup> , 2020
<b>Review by Committee:</b>	July 2020	November, 2020
<b>Notification:</b>	July 2020	November, 2020
<b>Funds Issued:</b>	September, 2020	January, 2021

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

1888 Brunswick Street, Suite 302  
Halifax, Nova Scotia B3J 3J8

Revised February 20, 2020

(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?

\_\_\_\_\_

Revised February 20, 2020

Do you qualify for the Department of Community Services Educational Bursary Program for Youth who are under a Post Care and Custody Agreement? \_\_\_\_\_

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.

*If yes, or if you have any questions about how this program affects eligibility of Amanda's Gift, please contact Jane Boyd Landry, Executive Director at the Council office (902) 422-1316 Ext. #4*

### **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.)	_____
Health care (if applicable)	_____
	_____

(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.