



## ***Federation of Foster Families of Nova Scotia***

Suite 350, 99 Wyse Road, Dartmouth, NS B3A 4S5  
Telephone: (902) 424-3071 Toll Free: 1-888-845-1555  
[www.fosterfamilies.ns.ca](http://www.fosterfamilies.ns.ca)

Dear Applicant:

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** continuing their education in either a college, university, vocational institution, or other special educational programs. Former recipients of the bursary may re-apply.

The bursary was named in honour of the mother of Elizabeth Hamilton. Elizabeth and her family were active in the foster care community and Elizabeth was one of the people instrumental in beginning the Canadian Foster Family Association.

### **Who May Apply:**

A youth-in-care or former youth-in-care who is enrolled in an educational program to further his/her skills.

### **Application Period:**

Bursary applications must be postmarked on or before May 31st of each year.

### **Application Procedure:**

A three-member selection committee made up of one Board Member of the Federation and two community representatives, review all applications and select the recipients. Applicants will be notified of the status of their applications on or before October 1st of each year.

Additional applications are available from your local district office, or by writing or calling the:

**Federation of Foster Families of Nova Scotia  
99 Wyse Road, Suite 350  
Dartmouth, NS B3A 4S5  
Phone: 424-3071 or 1-888-845-1555**

Sincerely,

Susan Pace, BSW, RSW  
Executive Director, FFFNS

**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 Office: \_\_\_\_\_

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

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: \_\_\_\_\_

OFFICE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

FOSTER CAREGIVER'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

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