

*Deadline  
for application  
May 31st*

# APPLICATION FORM

**THE JENNY CAJOLAIS MEMORIAL BURSARY**  
For Birth or Adopted Children of Foster Caregivers

Parts A, B, and F of this form must be completed and signed by the applicant. All questions must be answered. *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: \_\_\_\_\_

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

Do you feel you have helped children-in-care entering your home? Yes  No

If yes, in what way? \_\_\_\_\_

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

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—FOSTER CARE 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:** \_\_\_\_\_

**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 HAS COMPLETED THE REVIEW. ONLY COMPLETED APPLICATIONS RECEIVED BY THE APPLICATION DEADLINE WILL BE REVIEWED. Applications received after the deadline will be returned.

# FOSTER CARE SOCIAL WORKER'S RECOMMENDATION

THE JENNY CAJOLAIS MEMORIAL BURSARY  
For Birth or Adopted Children of Foster Caregivers

## 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 FOSTER CARE SOCIAL WORKER'S RECOMMENDATION

**To the Social Worker:** The Jenny Cajolais Memorial Bursary is a program of The Federation of Foster Families of Nova Scotia. It was established to assist birth or adopted children of foster caregivers in continuing their education in a post secondary education program..

APPLICATION DEADLINE IS May 31st EACH YEAR.

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

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

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

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

- HAVE THE APPLICANT'S PARENTS BEEN FOSTERING FOR AT LEAST FIVE YEARS? YES \_\_\_\_\_ NO \_\_\_\_\_
- HOW WOULD YOU SAY THE APPLICANT HAS ADDED TO THE FOSTERING EXPERIENCE FOR CHILDREN-IN-CARE COMING INTO THIS HOME?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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.