



**Minerva Foundation for BC
Women Award
at
Canscribe Career Centre**

Award Application Form

**Award Amount: Two awards of
\$2,000 each**

**Complete and return application
by mail to:**

**Minerva Foundation for BC Women
Attn: Tania Shepelska, Education
Awards Coordinator
320 - 111 West Hastings Street
Vancouver BC V6B 1H4**

Ph: 604-683-7635

Fax: 604-683-7695

tanias@theminervafoundation.com

www.theminervafoundation.com

Eligibility: The Minerva Foundation Award will be made available to a female resident of BC with demonstrated financial need and academic proficiency enrolled in either a graduate or undergraduate program. Candidates must have a minimum grade point average of 2.00. Undergraduate students must be registered in a minimum of nine semester hours of normal graded courses. Graduate students must be registered for credit in an approved full-time program. Challenge, audit and credit-free courses will not be considered. Preference will be given to a single mother.

To evaluate your application, please include the following documents:

- This application form, completed and signed
- Two letters of reference preferably from academic professional or employer
- A cover letter (short personal essay)
- A resume listing your career goals, artistic, academic and athletic achievements, volunteer and work experience

Please note that incomplete applications will not be considered.

PERSONAL INFORMATION			
Social Insurance Number:			
Name:			
Phone:		Email:	
Gender: Male <input type="checkbox"/>		Female <input type="checkbox"/>	
Current Address:			
City:	Province:	Postal Code:	
While attending Canscribe Career Centre, will you be living at this same address? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Will this be: Your parent's home? <input type="checkbox"/> University residence? <input type="checkbox"/> Rented? <input type="checkbox"/> Self-owned <input type="checkbox"/>			
BC Residency: Have you: lived in BC for the past 12 continuous months <input type="checkbox"/> arrived in BC as a permanent resident or landed immigrant <input type="checkbox"/>			
Date of Birth: (YYYYMMDD)		Place of birth:	
What is your Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married/Common-Law <input type="checkbox"/> Widowed <input type="checkbox"/> Separated/Divorced		If Married or Common-Law, please provide: Spouse's name: Spouse's Occupation: Spouse's Social Insurance Number:	
<i>Number of dependants in your custody:</i>			
Number of children: 6 & under Ages 7 – 11 Ages 12 –18 Ages 19 –22 in Full-time studies			
<input type="checkbox"/> Aboriginal <input type="checkbox"/> Recent Immigrant <input type="checkbox"/> Disability			
Have you previously received any Minerva award? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Please complete if applicable	
EDUCATION AND CAREER INFORMATION	
<input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate	
Last high school attended:	City, Province
If BC, School district number:	Date of Graduation: (MM/YY)
Previous Post-Secondary Institutions Attended	
Institution name:	Years attended:
City, Province	Degree/Diploma/Certificate earned:
Institution name:	Years attended:
City, Province	Degree/Diploma/Certificate earned:

Current Studies			
Program Information	Faculty	Program	Academic Year YY to YY
Undergraduate			
Current			
Month in which you plan to join CanScribe Career Centre:			

IMPORTANT: If you wish to be considered for bursary assistance for the upcoming study period, remember to register as a full-time student (at least 80% of a full course load) for the entire applicable period.

FINANCIAL NEED	
Have you applied or will you be applying for a student loan or grant for the academic period indicated below?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes indicate which provincial and/or federal government and/or chartered bank	

Budget Estimates for the Up-coming Study Period			
Study Period Expenses		Study Period Resources	
Tuition		Savings	
Books		Awards, Scholarships, Bursaries	
Supplies		Federal/Provincial Student Loans (projected)	
Other Expenses		Student line of credit from a chartered bank	
Education Expenses (A)	\$	Education Resources (C)	\$
Monthly Expenses – include spouse’s		Monthly Income	
Housing (rent or mortgage)		Part-time Earnings	
Food		Work-study Earnings	
Utilities		Social Assistance	
Household (laundry, cleaning)		Workers’ Compensation	
Transportation		Sponsorship	
Entertainment		Orphan’s Benefits/ CPP	
Medical/Dental/Optical		Parents Contribution	
Child Care		Spouse’s Net Income	
Miscellaneous		Co-op earnings	
Other (specify)		Other (specify)	
Previous Student Loans			
= Total Monthly Living Expenses		= Total Monthly Income	
X number of months of study		X number of months of study	
= Total living expenses (B)	\$	= Total income (D)	\$
Total Study Period Expenses (A) + (B) =	\$	Total Study Period Resources (C) + (D) =	\$
Total Study Period Expenses minus Total Study Period Resources = Financial Need			
	-	=	\$
Assets: Please list owned assets and their value:			
<input type="checkbox"/> Home _____			
<input type="checkbox"/> Recreational property _____			
<input type="checkbox"/> Vehicle make _____ year _____ book value _____			
<input type="checkbox"/> Term deposits _____			
<input type="checkbox"/> GIC’s _____			
<input type="checkbox"/> Mutual funds _____			
<input type="checkbox"/> Stocks _____			
<input type="checkbox"/> Bonds _____			
<input type="checkbox"/> RRSP’s _____			
<input type="checkbox"/> RESP’s _____			

Debts: Please list debts and amount owing:

Previous Govt. Student Loans	_____
Loans from past educational institutions	_____
Personal Loans	_____
Mortgage	_____
Other	_____

DECLARATION TO BE COMPLETED BY ALL APPLICANTS

I hereby declare that all information given above is complete and true to the best of my knowledge. I consent to the disclosure of information on this form to other educational institutions and the Student Services Branch of the Ministry of Advanced Education, Training and Technology when necessary to verify information. I understand failure to provide my consent or misrepresentation may result in cancellation of this application or the award I may receive.

Signature _____

Date _____

FREEDOM OF INFORMATION/PROTECTION OF PRIVACY: The Minerva Foundation complies with the Freedom of Information/Protection of Privacy legislation of the Province of British Columbia. Information collected on application forms is used in the normal course of operations in accordance with this legislation.