



## Minerva Cares Education Award Application Form

**Award Amount: \$1000**  
**Number of Awards: 20 awards**

**Application Deadline: September 23, 2011**  
(Applications must be in the mail by September 23, 2011)

**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 purpose of the Fund is to provide annual awards to women, so that they can study at an accredited British Columbia public or private institution. Award funds can also be used for English classes and driving lessons. The Minerva Foundation will grant 20 awards of \$1000 each.

To be eligible for the Minerva Foundation Award, you must be living in BC and you must have worked for at least one year as a caregiver (e.g. eldercare, childcare) in Canada.

Preference will be given to:

1. Assist single mothers to advance their education
2. Assist immigrant women, migrant workers (e.g. live-in caregivers), Aboriginal women or women with a disability
3. Retrain mature women returning to the workforce after a long absence
4. Advance women in non-traditional fields of study

### **Your application must include the following documents:**

- This application form, completed and signed
- Two letters of recommendation, preferably from a current or former employer, or from a volunteer supervisor
- A cover letter (short personal essay) which describes why you require financial assistance, and how you would use this award to upgrade your skills and improve your economic situation
- A resume that lists your career goals, achievements, volunteer and work experience
- A recent school transcript or report card (if any)

**Please note that incomplete applications will not be considered.**

If you need assistance to complete this application, please contact  
Tania Shepelska, Minerva Foundation, 604.683.7635 ext 227

PERSONAL INFORMATION		
Student ID Number: (if any) Current Educational Institution:		Social Insurance Number:
Name:		
Phone:		Email:
Current Address:		
City:	Province:	Postal Code:
Are you currently living at:		
Your parent's home? Yes <input type="checkbox"/> No <input type="checkbox"/>		
A university/college residence? Yes <input type="checkbox"/> No <input type="checkbox"/>		
A rented apartment? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Your employers' home? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you lived in BC continuously for the past 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date of Birth (YYYY-MM-DD):		Place of birth:
What is your Marital Status:		If Married or Common-Law, please provide:
<input type="checkbox"/> Single <input type="checkbox"/> Married/Common-Law <input type="checkbox"/> Widowed <input type="checkbox"/> Separated/Divorced		Spouse's name:
		Spouse's Occupation:
		Spouse's Social Insurance Number (if applicable):
Number of children:		
6 & under	Ages 7 – 11	Ages 12 –18      Ages 19 –22 in Full-time studies
<i>How many children depend on you for support?</i>		
Number of children ages 6 & under:		
Number of children ages 7 – 11:		
Number of children ages 12 –18:		
Number of children ages 19 –22 (full-time students only):		
<i>How many of your children live outside Canada?</i>		
Are you an Aboriginal woman? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you an immigrant or migrant worker? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have any disability? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you received a Minerva award in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>		

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.

## EDUCATION AND CAREER INFORMATION

What is your highest level of education?

- Graduate school
- Undergraduate degree or diploma
- High School diploma
- Trade School certificate (describe \_\_\_\_\_)

Last high school attended:

City, Province, Country:

If BC, School district number:

Date of Graduation (MM/YY):

### List all of post-secondary education (do not include elementary or high school)

What was the name of the school?	City, Province, Country	What is the name of the degree/diploma you earned?	What Department were you studying in? (e.g. nursing, accounting)

### List the name of the school and the program that you intend to study or are studying in if you are approved for a Minerva Award:

Where do you intend to study/are studying?	City, Province/ Country	When will you start/have started the course?	In what department will you be/are studying?	What is the name of the course you wish to take/are taking?

**IMPORTANT:** You will need to register for a course within 8 months after being informed that you have received a Minerva Award. The award cheque will be sent directly to your student account at the educational institution or a cheque will be issued directly to you once the Minerva Foundation has received your official registration receipt.

## FINANCIAL NEED

Have you applied or will you be applying for a student loan or grant for the academic period indicated below?

Yes  No

If yes, list the government, agency or bank that will be providing you with a loan:

## MONTHLY BUDGET

<b><u>INCOME ITEMS</u></b>	\$
Net income (monthly)	
Spouse's net income (monthly)	
Student Loans	
Income from pension (including CPP)	
Employment Insurance/Worker's Comp. benefits	
Other earnings -	
- Public Assistance	
- Alimony support	
- Other	
<b>Total Monthly Income (A)</b>	-

<b><u>EXPENSE ITEMS (PER MONTH)</u></b>	\$
School Tuition	
School Supplies (books, etc)	
Rent/mortgage	
Room & Board	
Utilities (gas, hydro, water)	
Telephone	
Food	
Prescription Drugs	
Child Care	
Medical expenses (including dental)	
Clothing	
Laundry/Dry Cleaning	
Toiletries	
Haircuts	
Recreation/Entertainment	
Children's Activities or Support Payments	
Life Insurance	
Transportation (other than auto)	
Other (specify)	
<b>Total Monthly Expenses (B)</b>	-

### 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 \_\_\_\_\_