





Empowering Women, Transforming Futures Bursary Application

A D	DU LO ANT INFORMATION.				
	APPLICANT INFORMATION:				
Ful	ll Name:				
Da	te of Birth:				
Ph	one Number:				
Em	Email Address:				
Но	me Address:				
OF	PTIONAL QUESTION:				
1.	What is your age?				
	Check all that apply				
	16-19				
	20-24				
	25-34				
	35-44				
	45-54				
	55-64				
	65 and older				
	I prefer not to answer				
2.	What was your sex at birth?				
	Male				
	Female				
	I prefer not to answer				







Question #3 below refers to current gender which may be different from sex assigned at birth and may be different from what is indicated on legal documents.

3.	What is your gender?
	Male
	Female
	Or please specify:
	I prefer not to answer
4.	What language do you speak primarily in your home?
	English
	French
	Or please specify:
	I prefer not to answer
5.	Have you ever served in the Canadian Military?
	Yes, currently serving in the Regular Force or the Primary Reserve Force
	Yes, but no longer serving in the Regular Force or the Primary Reserve Force
	No
	I prefer not to answer
6.	What is your current immigration status in Canada?
	Canadian citizen
	Permanent resident
	Temporary foreign worker
	Refugee claimant
	Protected person or a convention refugee
	Here on Canada-Ukraine Authorization for Emergency Travel (CUAET)







7.	What Country were you born in?				
8.	Do you self-identify as an Indigenous person in Canada, such as First Nation, Metis				
	or Inuit?				
	Yes				
	No				
9.	What is your household income?				
	Under \$10,000				
	\$10,000 to \$19,999				
	\$20,000 to \$49,999				
	\$50,000 to \$79,999				
	\$80,000 to \$100,000				
	\$100,000 +				
10.	. How many people are in your household?				
	1				
	2				
	3				
	4				
	5+				
AG	SENCY REFERRAL:				
Are	e you applying through an agency referral?				
	Yes (If yes, please provide the agency name and contact information)				
	No (Self-referral)				
Ag	ency Name (if applicable):				
Ag	ency Contact Name and Email (if applicable):				







EDUCATIONAL BACKGROUND:

1.	Have you previously attended post-secondary education?				
	Yes	No			
	If yes, please provide details (Institution, program, dates):				
2.	What is your highest level of education completed?				
	High school diploma				
	GED				
	Some co	llege			
	Certifica	te or diploma			
	Other:				
Cl	JRRENT SIT	UATION:			
1.	Tell me abo	ut yourself.			
	(Tell me abo	ut yourself. 300)–500 words)		
3.	What challenges are you currently facing that make accessing education difficult?				
	(e.g. Childca	are, transportati	ion, housing, etc. 300–500 words)		







CAREER AND EDUCATIONAL GOALS:

	(NWP)? (Provide program details, start date, and expected duration)				
2.	How will this bursary and educational plan help you achieve your career goals?				
	(Explain how this support will impact your life and career. 300–500 words)				
	NANCIAL INFORMATION:				
	What financial barriers are you facing that make education unaffordable?				
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SUPPORTING DOCUMENTS:

You will be asked to provide the following:

- Proof of income (pay stubs or social assistance documents, and current tax assessment document)
- Proof of address
- A letter of recommendation from a community organization (if applicable)
- Educational transcripts (if applicable)

AGREEMENT AND SIGNATURE:

I hereby certify that the information I have provided is accurate to the best of my knowledge.

I understand that all information will be used for the sole purpose of evaluating my application for the Empowering Women, Transforming Futures Bursary Program.

Signature: _	 	
Date:		

Submit your application to dwright@cityofgp.com