

APPLICATION FORM

Application deadline: February 1, 2020 Fillable PDF available at: www.kincanada.ca

Kinsmen & Kinettes - Serving the Community's Greatest Need

Kin Canada Bursaries was established in 1994 by Kin Canada as a legacy to its Founder, Harold Allin Rogers, O.C., O.B.E. (1899-1994) and is funded by Kinsmen and Kinettes across Canada. The program was established to promote, encourage and sponsor educational programs and activities, by providing financial assistance in the amount of \$1000 to applicants in their quest for higher learning at a recognized post-secondary institution.

ELIGIBILITY To be eligible you must:

- 1. Be a Canadian citizen or permanent resident.
- 2. Plan to register as a full-time student in the 2020-2021 school year at a recognized post-secondary institution.
- 3. Submit this application to <u>one only</u> of a local Kinsmen, Kinette, or Kin Club nearest your permanent residence. (Mailing addresses of Clubs can be found at <u>www.kincanada.ca</u>)
- 4. Demonstrate high ideals, community involvement and knowledge of Kin, and
- 5. Not have previously received a bursary from the Hal Rogers Endowment Fund.

APPLICATION PROCEDURE: Complete all sections of the current application form and MAIL TO YOUR NEAREST LOCAL KINSMEN, KINETTE, KIN OR KIN CAMPUS CLUB BY FEBRUARY 1ST. Applications will not be eligible if mailed directly to Kin Canada or if mailed to more than one local Kinsmen, Kinette or Kin Club. If you have questions about the application, visit www.kincanada.ca, call 1-800-PICK KIN (742-5546) or email bursary@kincanada.ca.

NOTES:

- The responsibility for the completed application form rests with the applicant; be sure to answer ALL questions. You may attach additional pages if there is not enough space to answer a question.
- Any information provided may be subject to authentication.
- All information on the application form will be held in the **strictest confidence**.
- All sponsoring clubs and successful applicants will be notified of the Board of Trustees decision. This decision will be final.
- Bursary recipients will be required to submit proof of citizenship (Government-issued ID such as Canadian birth certificate, passport, certificate of citizenship, certificate of Indian Status, Health Card, Provincial Photo Card, or Permanent Resident Card) and proof of registration prior to funds being released.

	CLUB US	SE ONLY	
Club MUST complete t	his section and send the	scanned applicat	ion to <u>bursary@kincanada.ca</u>
	by <u>MA</u> F	RCH 1st.	
This application, in the name of			, has been endorsed by the
☐ Kinsmen Club; ☐ Kinette Club; ☐	I Kin Campus Club 🗖 Kin Club	of	District
and forwarded to Kin Canada Bursari	es for consideration by the Hal	Rogers Endowment Fo	und Board of Trustees.
Total # of applicati	ons received Ti	otal # of applications s	
			fficer MUST sign the application form.
President's Name:	Signature:		Date:
Phone (home):		Fax:	(50 NOT approve sciole residuity 1)
Phone (work/cell):		Email:	
CONTACT INFORMATION WIL	L BE USED TO NOTIFY YOU IF YO	OUR APPLICANT IS SUC	CESSFUL. PLEASE PRINT CLEARLY
Reminder: Success of the Kin Canada	Rurearies program relies on finar	icial support of clubs. D	onations can be cent to Kin National Headquarters

PERSONAL INFORMATIO ast Name	iN .	First	Name and Middle Ini	tial		1		
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ermanent Address			City or Town		Prov	vince		Postal Code
hone Number	Арр	olicant E-ma	il Address		Parent/Gu	ardian	Email Ac	ddress
rate of birth (mm/dd/yyyy)		Preferred L English 🗖		Canadia	Citizenship S an Citizen □			esident 🗆
PROPOSED PROGRAM C	F STUDY							
Name of Institution		Location (0	City, Province)			ous HR es	EF Bursaı No	ry Recipient
Expected Starting Date (mm/dd/yyyy)	Expected Graduation (mm/dd/yyyy)		Which year of study wentering? (1st, 2nd, etc		Certificate	/ Diplo	oma / Deg	gree Expected
Program/Area of Study		-		_	Full-time	□ Р	art-time	:
EDUCATIONAL HISTORY								
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This must be a numerical value.

KIN KNOWLEDGE	(max. 20 points)
Explain your knowledge of Kin Canada <u>and</u> your local/nearby Kinsmen, Kinette, Kin or Kin Campus C Kin Canada:	Clubs. Give specific example
Local/Nearby Club:	
Describe your experience with Kinsmen / Kinette / Kin or Kin Campus Clubs	
Are you a Kin Member? Yes No List any relationships with Kinsmen and/or Kinettes (past	or present).
Additional Points may be added based on Overall Impression of Application. Please use this space t information related to this application that you feel is important for consideration by the committee	•
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information related to this application that you feel is important for consideration by the committee	e. (max. 10 points)
information related to this application that you feel is important for consideration by the committee would you like to receive a one-time information package about Kin Canada? YES	e. (max. 10 points) NO No
Would you like to receive a one-time information package about Kin Canada? YES PRIVACY STATEMENT AND APPLICATION AGREEMENT ersonal information under the control of Kin Canada (further known as the Association) and the Hal Rogers E onfidential and shall not, without the consent of the individual to whom it relates, be used by the Association except	NO NO No ndowment Fund shall remaint: (a) for the purpose for which processing of the application
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Questions about the application: Visit www.kincanada.ca, call 1-800-PICK KIN (742-5546) or email bursary@kincanada.ca.

Canada I	Bursaries, a program of the Hal Roger	s Endowment Fund	Page 3 of 4
(i.e. med	lical condition/extenuating family	TIONS — Are there financial challenges you face of which the selection committed circumstances requiring additional finances, single parent, etc.)?	
You may	attach additional pages if necess	ary. (ma	x. 15 points)
VON-FI	NANCIAL OBSTACLES - Comm	ent on non-financial obstacles, if any, you have had to overcome or face in your p	ursuit of academic,
xtracur	ricular or community service goa	ls. You may attach additional pages if necessary.	
ist sch	ool/community/organization	activities that you have been involved in for the past three (3) years (te	ams, clubs.
		work, etc.) Please be specific.	(max. 17 points
	ACTIVITY TYPE/		
YEAR	ORGANIZATION NAME (school, volunteer, etc.)	EXTRA-CURRICULAR, COMMUNITY SERVICE AND VOLUNTEER ACTIVITIES	# of hour

YEAR	ACTIVITY TYPE/ ORGANIZATION NAME (school, volunteer, etc.)	EXTRA-CURRICULAR, COMMUNITY SERVICE AND VOLUNTEER ACTIVITIES	# of hours
		· · · · · · · · · · · · · · · · · · ·	
			Part-time
YEAR	POSITION	WORK EXPERIENCE - PLACE OF EMPLOYMENT / JOB DESCRIPTION	or Full time