

## 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 **2019-2020** school year at a recognized post-secondary institution.
3. Submit this application to **one only** of a local Kinsmen, Kinette, or Kin Club nearest your permanent residence. (Mailing addresses of Clubs can be found at [www.kincanada.ca](http://www.kincanada.ca) )
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 CHECKLIST:** Complete the current application form and **MAIL TO YOUR NEAREST LOCAL KINSMEN, KINETTE OR KIN CLUB BY FEBRUARY 1<sup>ST</sup>**. Applications will not be eligible if mailed directly to Kin Canada or if mailed to more than one local Kinsmen, Kinette or Kin Club.

- ☐ **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) will be required from bursary recipients and will be obtained prior to funds being released.
- ☐ **You MUST fully complete every section. Do not submit resumes or references.**

**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.

### CLUB USE ONLY

Club **MUST** complete this section and send the scanned application to [bursary@kincanada.ca](mailto:bursary@kincanada.ca) by **MARCH 1<sup>st</sup>**.

This application, in the name of \_\_\_\_\_, has been endorsed by the

☐ Kinsmen Club; ☐ Kinette Club; or ☐ Kin Club of \_\_\_\_\_ District \_\_\_\_\_ Zone \_\_\_\_\_

and forwarded to Kin Canada Bursaries for consideration by the Hal Rogers Endowment Fund Board of Trustees.

Clubs receiving less than 20 applications must select **one** to endorse and submit. Clubs receiving 20 or more may select **two** to submit.

Total # of applications received \_\_\_\_\_ Total # of applications submitted (1 or 2) \_\_\_\_\_

**IMPORTANT:** If the club president is related to the applicant then another club officer **MUST** sign the application form.

President's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(DO NOT approve before February 1<sup>st</sup>)

Phone (home): \_\_\_\_\_ Fax: \_\_\_\_\_

Phone (work/cell): \_\_\_\_\_ Email: \_\_\_\_\_

**CONTACT INFORMATION WILL BE USED TO NOTIFY YOU IF YOUR APPLICANT IS SUCCESSFUL. PLEASE PRINT CLEARLY**

**Reminder:** Success of the Kin Canada Bursaries program relies on financial support of clubs. Donations can be sent to Kin National Headquarters.



**PERSONAL INFORMATION**

Last Name		First Name and Middle Initial	
Permanent Address		City or Town	Province Postal Code
Phone Number	Applicant E-mail Address		Parent/Guardian Email Address
Date of birth (mm/dd/yyyy)	Preferred Language: English <input type="checkbox"/> French <input type="checkbox"/>	Citizenship Status: Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/>	

**PROPOSED PROGRAM OF STUDY**

Name of Institution		Location (City, Province)	Previous HREF Bursary Recipient Yes <input type="checkbox"/> No <input type="checkbox"/>
Expected Starting Date (mm/dd/yyyy)	Expected Graduation Date (mm/dd/yyyy)	Which year of study will you be Entering? (1 <sup>st</sup> , 2nd, etc.)	Certificate / Diploma / Degree Expected
Program/Area of Study			

Why are you choosing this program/area of study?

**EDUCATIONAL HISTORY**

Most recent school or institution	Grade / Program	Finish Date	Certificate/Diploma/Degree Completed
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**FINANCIAL INFORMATION – All fields MUST BE COMPLETED or the application will NOT be considered (max. 38 points)**

1. Applicant/Student Net Income\* for 2017: \_\_\_\_\_ Applicant/Student Net Worth (including RESPs)\*\* : \_\_\_\_\_
2. Where will you be living while attending school? ☐ On Own (House/Apartment) ☐ Residence ☐ Room & Board ☐ With Parents/Legal Guardians  
☐ Shared Accommodations (# of roommates \_\_\_\_\_) ☐ Other (describe): \_\_\_\_\_

3. Please list your estimated expenses for the **upcoming** academic year (12 months):

1.	Tuition/Incidental Fees:		Books/Supplies:		Total Line 1:		TOTAL:
2.	Housing/Accommodation:		Transportation:		Total Line 2:		0

4. Have you been out of school 4 or more years? \_\_\_\_ (Y/N) Have you been in the work force **FULL TIME** for 2 consecutive years? \_\_\_\_ (Y/N)

**If you answered Yes to either question in #4 above, skip question #5 and go to question #6.**

5. Parents Combined Net Income\* for 2017 \_\_\_\_\_ Parents Combined Current Net Worth\*\* : \_\_\_\_\_  
 # of Parents: \_\_\_\_\_ # of Dependents living at home (including you): \_\_\_\_\_ # of children in post-secondary school in 2018/2019: \_\_\_\_\_

6. Do you have children? ☐ Yes ☐ No If yes, how many? \_\_\_\_\_

7. Are you married (or living common-law)? ☐ Yes ☐ No

**If you answered No to question #7, skip question #8 and go to the next page.**

8. Spouse's Net Income\* for 2017 \_\_\_\_\_ Spouse's Current Net Worth\*\* \_\_\_\_\_

\* Net Income as reported to Revenue Canada

\*\* Net Worth = total value of assets (cash, houses, vehicles, investments, RESP, etc.) LESS total value of liabilities (mortgage, loans, etc.)

**ADDITIONAL FINANCIAL CONSIDERATIONS** – Are there financial challenges you face of which the selection committee should be aware (i.e. medical condition/extenuating family circumstances requiring additional finances, single parent, etc.)? **(max. 15 points)**

**NON-FINANCIAL OBSTACLES** – Comment on non-financial obstacles, if any, you have had to overcome or face in your pursuit of academic, extracurricular or community service goals.

**PERSONAL BACKGROUND FOR THE PAST THREE (3) YEARS. PLEASE BE SPECIFIC.** (max. 17 points)  
List school/community/organization activities that you are involved in (teams, clubs, positions of responsibility, volunteer work, etc.)

[illegible]



**KIN KNOWLEDGE**

**(max. 20 points)**

- 1) Explain your **knowledge** of Kin Canada **and** your local/nearby Kinsmen, Kinette Kin or Kin Campus clubs. Give specific examples.

**Kin Canada:**

**Local/Nearby Club:**

- 2) Describe your **experience** with Kinsmen / Kinette / Kin or Kin Campus Clubs

- 3) 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 Quality of Application. Please use this space to add any additional information related to this application that you feel is important for consideration by the committee.**

**(max. 10 points)**

**Would you like to receive information about Kin Canada, upcoming club events or volunteer opportunities in your area?**

YES

☐

NO

☐

**PRIVACY STATEMENT AND APPLICATION AGREEMENT**

Personal information under the control of Kin Canada (further known as the Association) and the Hal Rogers Endowment Fund shall remain confidential and shall not, without the consent of the individual to whom it relates, be used by the Association except: (a) for the purpose for which the information was obtained or compiled by the Association; or (b) for a use consistent with that purpose.

By completing and authorizing this Application, you consent to the use of your personal information for: (a) processing of the application; (b) publication of name in the Association's Website and Brochure; (c) publication of name in the media; and/or (d) promotional purposes. You also consent to the use of your email address by the association, for the purpose of communication.

☐ I hereby certify that all information is accurate and can be verified upon request, can prove Canadian citizenship; **and that I have not been a recipient of this bursary previously.**

I hereby acknowledge and agree to the above privacy statements and use of my personal information by the Association.

Signature of Applicant \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Guardian (if applicant is not age of majority) \_\_\_\_\_ Print Name \_\_\_\_\_

Questions about the application: Visit [www.kincanada.ca](http://www.kincanada.ca), call 1-800-PICK KIN (742-5546) or email [bursary@kincanada.ca](mailto:bursary@kincanada.ca).