



**Application Form**  
 Application deadline: February 1, 2017  
 Online version available at: [www.kincanada.ca](http://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 assistance 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 landed immigrant.
2. Plan to register as a full-time student in the **2017-2018** school year at a recognized post-secondary institution.
3. MAIL this application to **only one** 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 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** (Canadian birth certificate, passport, certificate of citizenship, or Canadian Immigration Record) will be required from bursary award winners 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.
- 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 \_\_\_\_\_

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Permanent Address \_\_\_\_\_ City or Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

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Phone Number \_\_\_\_\_ Applicant E-mail address \_\_\_\_\_ Parent/Guardian Email Address \_\_\_\_\_

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Date of birth (mm/dd/yyyy) \_\_\_\_\_ Preferred Language: English  French  Citizenship Status: Canadian Citizen  Landed Immigrant

**PROPOSED PROGRAM OF STUDY**

Name of Institution \_\_\_\_\_ Location (City, Province) \_\_\_\_\_ Previous HREF Bursary Winner Yes  No

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Expected Starting Date (mm/dd/yyyy) \_\_\_\_\_ Expected Graduation Date (mm/dd/yyyy) \_\_\_\_\_ Which year of study will you be Entering? (1<sup>st</sup>, 2<sup>nd</sup>, etc.) \_\_\_\_\_ Certificate / Diploma / Degree Expected \_\_\_\_\_

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Program/Area of Study \_\_\_\_\_

**EDUCATIONAL HISTORY**

Most recent school or institution	Grade / Program	Finish Date	Certificate/Diploma/Degree Completed

**FINANCIAL INFORMATION – All fields MUST BE COMPLETED or the application will NOT be considered (max. 38 points)**

- Applicant Net Income\* for 2015: \_\_\_\_\_ Applicant Net Worth (including RESPs)\*\*: \_\_\_\_\_
- Where will you be living while in school?  On Own (House/Apartment)  Residence  Room & Board  With Parents/Legal Guardians  Shared Accommodations (# of roommates \_\_\_)  Other (describe): \_\_\_\_\_
- Please list your estimated expenses for the **upcoming** academic year (12 months):

1.	Tuition/Incidental Fees:	_____	Books/Supplies:	_____	<b>Total Line 1:</b>	_____	<b>TOTAL:</b>
2.	Housing/Accommodation:	_____	Transportation:	_____	<b>Total Line 2:</b>	_____	_____

- 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 #6 and go to question #7.**

- Parents Combined Net Income\* for 2015 \_\_\_\_\_ Parents Combined Current Net Worth\*\*:
- Amount held by family members in RESPs (Registered Education Savings Plan) \_\_\_\_\_  
# of Parents: \_\_\_\_\_ # of Dependents living at home: \_\_\_\_\_ Including you, total # of children in post-secondary school: \_\_\_\_\_
- Do you have children?  Yes  No If yes, how many? \_\_\_\_\_
- Are you married (or living common-law)?  Yes  No

**If you answered No to question #8, skip question #9 and go to the next page.**

- Spouse's Net Income\* for 2015 \_\_\_\_\_ Spouse's Current Net Worth\*\* \_\_\_\_\_

\* Net Income as reported to Revenue Canada

\*\* Net Worth = total value of assets (cash, houses, vehicles, investments, 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. 12 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.**

List school/community activities that you are involved in (teams, clubs, positions of responsibility, volunteer work, etc.) **(max. 20 points)**

YEAR	ACTIVITY TYPE <small>(school, volunteer, etc.)</small>	EXTRA-CURRICULAR, COMMUNITY SERVICE AND VOLUNTEER ACTIVITIES	# of hours

YEAR	POSITION	WORK EXPERIENCE - PLACE OF EMPLOYMENT / JOB DESCRIPTION	Part-time or Full time

**KIN KNOWLEDGE (max. 20 points)**

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

<b>Kin Canada:</b>
<b>Local Club:</b>

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

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3) Are you a Kin Member?  Yes  No List any relationships with Kinsmen and/or Kinettes (past or present).

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<b>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)</b>

<b>Are you interested in learning more about Kin Canada?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> 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 Magazine 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 \_\_\_\_\_  
(Or of parent / guardian of applicant is not age of majority)

Date of Application \_\_\_\_\_

Questions about the application can be forwarded to the nearest Club or by visiting our website [www.kincanada.ca](http://www.kincanada.ca) or by calling 1-800-PICK KIN (742-5546) or by E-mailing [bursary@kincanada.ca](mailto:bursary@kincanada.ca).