Fry Family Foundation Bob Dawson Bursary
(Community Centre Alliance)

Application must be received by Student Services office by July 27, 2026

Name: _____ **Student #:** _____

Address: _____ **Phone #:** _____

City: _____ **Prov:** _____ **Postal Code:** _____

Program: _____ **Campus:** _____

Contact Email: _____

Applicant Checklist:

- ❒ College Acceptance Letter is attached
- ❒ Eligibility / Approval from is completed by Community Centre Alliance.
- ❒ Financial Statement completed.
- ❒ A 250-word impact essay.
- ❒ Resident of NL Housing Corporation housing unit in the areas listed below OR
- ❒ Actively participate in one of the below five community centres listed below
- ❒ A transcript from High School, ABE or GED is attached.

Donor: Fry Family Foundation
Number of Awards: Four
Value: $2500 for CNA tuition and fees *(renewable annually)*
Criteria:

- Awarded to a full-time student enrolled in any regular program for the first time.
- Based on financial need, essay, and completion of high school or equivalent.
- Students must be a resident of St. John's, NL and presently reside in an NL Housing Corporation housing unit in the areas of Froude Avenue, Buckmaster's Circle, Virginia Park, McSheffrey, Chalker Place, Eric McKay, Rabbittown or New Pennywell.
- OR active program participant in one of the following five community centers: Froude Avenue Community Centre, Buckmaster's Circle Community Centre, Virginia Park Community Centre, McSheffrey Resource Centre, and Rabbittown Community Centre.
- This award is renewable for up to three additional years. It has no cash value, and any unused portion each year may be carried forward on the student's account for use later in the program, if required.
- Students must maintain clear academic standing and must remain in the same program with no break in semesters.

Applicants are strongly encouraged to contact the CCA at contact@ccanl.ca to arrange a one-on-one application support with a CCA staff member.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

The bursary application form and all required documents must be sent **by July 27, 2026,** to:

Sandra Lewis
Chairperson, Provincial Awards Committee
College of the North Atlantic
P.O. Box 5400
Stephenville, NL, A2N 2Z6
Email completed applications to: **HQAwardsOffice@cna.nl.ca**

I hereby make the following declaration:

1. I intend to be a full-time student for the academic year/semester for which this application is made.
2. I have answered all questions which are applicable to me, and the answers given by me are true.
3. I understand that if selected for an award / scholarship/ bursary I will be required to provide my Social Insurance Number, so that a T4A may be issued for income tax purposes.

Permission is hereby granted for the Awards Committee to obtain any further information required from appropriate individuals or agencies.

I further acknowledge that my personal information (i.e. photo, name, video, program, and home community) may be shared with the donor of this award and can be used by CNA for promotional purposes.

College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). The college's Student Services Department and the Alumni & Advancement Office are collecting your personal information to process the scholarship application. The personal information you provide may be disclosed to the donor. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the Provincial Awards Chairperson at 709-643-7880, 432 Massachusetts Dr. P.O. Box 5400 Stephenville, NL A2N 2Z6. For more information about the ATIPPA please visit www.cna.nl.ca/about/atippa.asp.

I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.

Name: Print or Sign _____ **Date** _____

Financial Statement

College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). The college's Student Services Department and CNA Foundation are collecting your personal information to process the scholarship application. The personal information you provide may be disclosed to the donor. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the Provincial Awards Chairperson at 709-643-7880, 432 Massachusetts Dr. P.O. Box 5400 Stephenville, NL A2N 2Z6. For more information about the ATIPPA please visit www.cna.nl.ca/about/atippa.asp.

NOTE	**Incomplete applications will not be processed.**	**Deadline Date: July 27,2026**

1. STUDENT INFORMATION

Name:			**Age:**
Student Number:	**Campus:**	**Program:**	**Year:** ❑ 1st ❑ 2nd ❑ 3rd ❑ 4th

2. Please check all the boxes that apply to your living situation:

❑ I will live with my parent(s)/guardian(s) while attending college.

❑ I will live away from parent(s)/guardian(s) while attending college. Kms from hometown to college: _____

❑ I am an independent student. (a person who is responsible for own living arrangements & finances prior to starting college)

❑ I am married/common-law without dependents.

❑ I am married/common-law with dependents. Number of dependents: _____

❑ I am a single parent. Number of dependents: _____

Parental or Household Income: ❑ Below 50,000 ❑ 50,000 – 75,000 ❑ 75,000 – 100,000 ❑ Over 100,000

3. Please check all the boxes that apply to your funding for college:

❑ I am receiving a student loan through Student Aid NL.

❑ I am receiving a student loan from another province. Please specify province: _____
(Notice of Assessment must be submitted with this form)

❑ I am receiving a student line of credit through a financial institution (I.e.: bank)

❑ I am receiving funding through the Dept of Jobs, Immigration and Growth (JIG), EI, or the Department of Children, Seniors, and Social Development (CSSD)

❑ I am receiving funding as an Indigenous student: _____ (I.e.: First Nations, Inuit, Métis, or other)

❑ Other Funding (not listed above): _____

4. Please provide a brief description of any circumstances you feel should be considered: (i.e.: single parent family, other siblings in school, parents unemployed, permanent disability, etc.)

Please attach a separate sheet if more space is required.

STATEMENT OF FINANCIAL NEED

Financial need will be determined from the budget below.

The Income Section and Expenses Section MUST be completed.
*****You may be required to show documentation of income & expenses*****

YOU MUST SHOW INCOME; INCOMPLETE FORMS WILL NOT BE CONSIDERED.

INCOME (Fall semester)			
Student Aid Loan (as shown on assessment for Sept – Dec 2026) **(For Student Aid outside of NL, you must submit your Notice of Assessment)**	**$**	**Family Support (i.e.: parents, spouse, grandparents, etc.)**	**$**
Student Aid Grant (as shown on assessment for Sept – Dec 2026) **(For Student Aid outside of NL, you must submit your Notice of Assessment)**	**$**	**Bursaries, Scholarships, and Awards**	**$**
Savings and/or RESP (Education Fund) **(Please check box (s) that apply, and the amount for the Fall semester)**	Savings ❑ RESP ❑ **$**	**Tuition Vouchers (SWASP, etc.)**	**$**
Funding (specify): _____ **(i.e.: JIG, Indigenous, EI, etc., include tuition, living allowance and other expenses paid by the agency)**	**$**	**Employment while attending college** **(Please check box, and estimate income for the Fall semester)**	Part-time ❑ Full-time ❑ **$**
Bank Loan (For Fall semester only) **(Credit card, and /or student line of credit)**	**$**	**Other income: _____** **(i.e.: CPP, Pension Benefits, Workers Comp)** ***Do not include Child Benefit (NLCB)**	**$**
MONTHLY EXPENSES		**COLLEGE EXPENSES (Fall semester)**	
Housing per month (Add together your rent/mortgage, utilities, internet, cable) ***Include only your portion if sharing**	**$**	**Tuition and Fees for Fall semester**	**$**
Food / Meal Plan per month	**$**	**Books for Fall semester**	**$**
Cell Phone per month	**$**	**Supply Costs** ***(do not include computer)***	**$**
Transportation per month **(Gas, insurance, car payment)**	**$**	**Health & Dental Fees**	**$**
Childcare per month (if applicable)	**$**	**Other: _____** **(Please specify, i.e.: Exam fees, licenses, medicals, etc.)**	**$**
Other Monthly Expenses: **_____** **(Please specify, i.e.: bank loan, medical expenses)**	**$**		

I hereby make the following declaration:

4. I have answered all questions which are applicable to me, and the answers given by me are true.
5. I shall be a full-time student for the academic year/semester in which this application is made.
6. I have stated my financial situation based on the winter semester.

Permission is hereby granted for the Awards Committee to obtain further information required from appropriate individuals/ agencies.

_____ **_____**

Name: Print or Sign **Date**

Impact Essay

Please complete a maximum 250-word essay, including the following:

- *Why you chose your program?*
- *How will this bursary impact you and your career aspirations?*
- *Why do you believe you are a good candidate for this bursary?*

Eligibility and Approval Form

APPLICANT'S NAME: _____

By applying, applicants are aware that applicant contact information may be shared with the Fry Family Foundation, the Community Centre Alliance, and the Fry Family Foundation Scholarship Alumni Program.

I, _____ consent to sharing all information on this application form with the donor and CCA if selected as the successful recipient.

IMPORTANT NOTES:

- This award is renewable for up to three additional years. However, students must maintain in clear academic standing annually and must remain in the same program or related program.
- Applicants are strongly encouraged to contact the CCA at contact@ccanl.ca to arrange a one-on-one application support session with a CCA staff member. The CCA and Community Centre Staff will provide outreach to their communities regarding this bursary and will support students through the application process.
- Deferral of the scholarship either after high school or during post-secondary is not permitted, except in extenuating circumstances such as a health or family emergency. In such scenarios appropriate documentation may be required.
- Recipients of the bursary will be assigned a Community Centre Alliance representative who are available to provide support for students during and after their post-secondary education.
- Recipients are expected to maintain periodic contact with this representative.
- Recipients will be invited to attend an annual awards ceremony hosted by the FFF and CCA.
- Recipients are encouraged to join the FFF Scholarship Alumni Program.

CCA APPROVAL REQUIRED: *(Please print)*

Name of Community Centre Representative: _____

Position Title: _____

Name of Community Centre: _____

Phone: _____ **Email:** _____

Signature: _____ **Date:** _____

I, _____ verify that the applicant is one or more of the following:

❒ **Resident of NL Housing Corporation housing unit in the areas listed below *OR***
❒ **Actively participates in one of the five community centres listed below**

Areas:
Froude Avenue, Buckmaster's Circle, Virginia Park, MacMorran, Chalker Place, Eric McKay, Rabbittown and New Pennywell

Community Centres:
Froude Avenue Community Centre, Buckmaster's Circle Community Centre, Virginia Park Community Centre, MacMorran Community Centre and Rabbittown Community Centre