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January 2024

Dear Applicant:

Attached is an application form for the Fairfax Financial Holdings Limited Entrance Bursary. Valued at \$4,000 this award is donated by Fairfax Financial Holdings Limited and is renewable each year for the duration of the student's program of study provided the student remains in the same program.

The Fairfax Entrance Bursary is available to students who graduated from high school not later than 18 months prior to entrance to their first year of study at the College in September 2024.

The objective of this award is to provide financial assistance to a student who is in financial need and who has achieved at least a 75% average in senior high school marks (Level I, II and III).

If you are successful in obtaining this award, you will be required to apply for renewal for each additional year of your program. In order to qualify for renewal of the award you have to maintain the same financial need as well as maintain a minimum weighted/overall average of 75% in your program of study at the College.

If you are interested in applying for this entrance award, please complete the attached application form and return to the following address no later than **July 29, 2024**.

**The application form and all required documents should be mailed or emailed to:**

Sandra Lewis  
Chairperson, Provincial Awards Committee  
College of the North Atlantic  
P.O. Box 5400  
Stephenville, NL, A2N 2Z6  
Email: [HQAwardsOffice@cna.nl.ca](mailto:HQAwardsOffice@cna.nl.ca)



# Fairfax Financial Holdings Limited Entrance Bursary

Application must be received by July 29, 2024

Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Program: \_\_\_\_\_

Campus: \_\_\_\_\_

### Applicant Checklist:

- A College Financial Statement Form is attached
- A certified copy of high school marks is attached
- I am a Canadian citizen

**Number of Awards:** One  
**Value:** \$4,000  
**Criteria:** Based on financial need, the Fairfax Entrance Bursary is available to students who graduated from high school not later than 18 months prior to entrance to their first year of study at the College in September 2024. The award is available to full-time students who are Canadian citizens and who have achieved a minimum of 75% average in senior high school marks (Level I, II and III). Students must not have received a Fairfax award previously.

Did you receive a Fairfax award prior to this application? Yes  No

I intend to be a full-time student for the academic year/semester for which this application is made. Yes  No

Have you already applied for Student Aid for the Fall 2024 semester? Yes  No

If you have answered "No" to the above question, do you intend to apply for Student Aid for the Fall 2024 semester? Yes  No

### INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

#### 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, video, name, 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. For more information about the ATIPPA please visit [www.cna.nl.ca/about/atippa.asp](http://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 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. For more information about the ATIPPA please visit [www.cna.nl.ca/about/atippa.asp](http://www.cna.nl.ca/about/atippa.asp).

<b>NOTE</b>	The more accurate and detailed information you provide, the better your need can be assessed. If a section is not applicable to you, please put "N/A" in that section. <b>Incomplete applications will not be processed.</b> <span style="float: right;"><b>Deadline Date: July 29, 2024</b></span>
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## 1. STUDENT INFORMATION

Name			Age
Student Number:	Campus:	Program:	Year: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>

## 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 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 or Student Aid from another province.

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

I am receiving funding through the Department of Immigration, Population Growth and Skills (IPGS) or the Department of Children, Seniors and Social Development (CSSD)

I am receiving funding as an Indigenous student (I.e.: First Nation, Nunatsiavut, NunatuKavut or another Indigenous group sponsorship)

Other: \_\_\_\_\_

## 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 expenses\*\***  
**YOU MUST SHOW INCOME, INCOMPLETE FORMS WILL NOT BE CONSIDERED.**  
 Income and Expenses **MUST** be calculated for a 16-week semester or 4 months.  
 (i.e.: Rent at \$100 per week must be stated as \$1600, or \$500 per month as \$2000)  
**\*\*Use FALL semester income and expenses\*\***

Amount based on 16-week semester (Use Fall Semester)	Amount Per Semester	Amount based on 16-week semester (Use Fall Semester)	Amount Per Semester
<b>INCOME (Totals for Fall semester – calculate for 16 weeks or 4 months)</b>			
<b>Student Aid Loan</b> (as shown on assessment for Sept – Dec 2024)	\$	<b>Family Support</b> (i.e.: parents, spouse, grandparents, etc.)	\$
<b>Student Aid Grant</b> (as shown on assessment for Sept – Dec 2024)	\$	<b>Bursaries, Scholarships, and Awards</b>	\$
<b>Savings for Fall Semester Only</b>	\$	<b>Tuition Vouchers</b> (SWASP, etc.)	\$
<b>Funding</b> (i.e.: IPGS, Indigenous, EI, etc., including tuition, living allowances and other expenses paid by the agency)	\$	<b>Employment</b> (part-time or full-time work while attending college)	\$
<b>Bank Loan</b> (Credit card, student line of credit)	\$	<b>Other income</b> (i.e.: CPP, Pension Benefits, etc.)	\$
		<b>Total Income:</b>	\$
<b>EXPENSES (Totals for Fall semester – calculate for 16 weeks or 4 months)</b>			
<b>Housing</b> (Add together your rent/mortgage, utilities, internet, cable) <b>NOTE*</b> Include only your portion if sharing	\$	<b>Tuition and Fees</b> (including Health & Dental fees if applicable)	\$
<b>Food/ Meal Plan</b>	\$	<b>Books</b>	\$
<b>Cell Phone</b>	\$	<b>Supply Costs</b> (do not include computer)	\$
<b>Transportation</b> (Gas, insurance, car payment)	\$	<b>Other Expenses</b> (please, specify): _____ (i.e.: bank loan, medical expenses, airfare)	\$
<b>Child Care</b> (if applicable)	\$	<b>Total Expenses:</b>	\$

**NET INCOME**

**Income - Expenses = \$ \_\_\_\_\_**

**I hereby make the following declaration:**

1. I have answered all questions, which are applicable to me, and the answers given by me are true.
2. I shall be a full-time student for the academic year/semester in which this application is made.
3. I have stated my financial situation based on a 16-week period.

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

\_\_\_\_\_  
Name: Print or Sign

\_\_\_\_\_  
Date