



January 2025

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 2025.

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 28, 2025**.

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



Fairfax Financial Holdings Limited Entrance Bursary

Application must be received by July 28, 2025

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 2025 semester? Yes No

If you have answered "No" to the above question, do you intend to apply for Student Aid for the Fall 2025 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/atipppa.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, 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 28, 2025
1. STUDENT INFORMATION			
Name:			Age:
Student Number:	Campus:	Program:	Year: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th

2. Please check all the boxes that apply to your living situation:
<input type="checkbox"/> I will live with my parent(s)/guardian(s) while attending college. <input type="checkbox"/> I will live away from parent(s)/guardian(s) while attending college. Kms from hometown to college: _____ <input type="checkbox"/> I am an independent student. <input type="checkbox"/> I am married/common-law without dependents. <input type="checkbox"/> I am married/common-law with dependents. Number of dependents: _____ <input type="checkbox"/> I am a single parent. Number of dependents: _____ Parental or Household Income: <input type="checkbox"/> Below 50,000 <input type="checkbox"/> 50,000 – 75,000 <input type="checkbox"/> 75,000 – 100,000 <input type="checkbox"/> Over 100,000

3. Please check all the boxes that apply to your funding for college:
<input type="checkbox"/> I am receiving a student loan through Student Aid NL or Student Aid from another province. <input type="checkbox"/> I am receiving a student loan or student line of credit through a financial institution (I.e.: bank) <input type="checkbox"/> I am receiving funding through the Department of Immigration, Population Growth and Skills (IPGS) or the Department of Children, Seniors, and Social Development (CSSD) <input type="checkbox"/> I am receiving funding as an Indigenous student (I.e.: First Nations, Inuit, Métis, or other) <input type="checkbox"/> 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 (Fall semester)

Student Aid Loan (as shown on assessment for Sept – Dec 2025)	\$	Family Support (i.e.: parents, spouse, grandparents, etc.)	\$
Student Aid Grant (as shown on assessment for Sept – Dec 2025)	\$	Bursaries, Scholarships, and Awards	\$
Savings Used for Fall Semester Only	\$	Tuition Vouchers (SWASP, etc.)	\$
Funding (i.e.: IPGS, Indigenous, EI, etc., including tuition, living allowances and other expenses paid by the agency)	\$	Employment (part-time or full-time work while attending college)	\$
Bank Loan (Credit card, 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 (Add together your rent/mortgage, utilities, internet, cable) *Include only your portion if sharing	\$	Tuition and Fees	\$
Food / Meal Plan	\$	Books	\$
Cell Phone	\$	Supply Costs (do not include computer)	\$
Transportation (Gas, insurance, car payment)	\$	Health and Dental	\$
Childcare (if applicable)	\$	Other: _____ (Please specify, i.e.: Exam fees, licenses, medicals, etc.)	\$
Other Expenses: _____ (Please specify, i.e.: bank loan, medical 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 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