Fry Family Foundation Bob Dawson Bursary (Community Centre Alliance)

Donor: Fry Family Foundation

Number of Awards: Four

Value: \$2500 each

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, MacMorran, Chalker Place, Eric McKay, or New Pennywell.
- <u>OR</u> active program participant in one of the following five community centers: Froude Avenue Community Centre, Buckmaster's Circle Community Centre, Virginia Park Community Centre, MacMorran Community Centre, and Rabbittown Community Centre.

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.

Required Documents:

- Application Form
- Approval from Community Center Alliance
- College Financial Statement
- 250-word impact essay
- Transcript from High School, ABE, or GED

Deadline: July 28, 2025

Application on the next page.



Fry Family Foundation Bob Dawson Bursary

(Community Centre Alliance) Application must be received by Student Services office by July 28, 2025		
Name: CNA Student #:		
Address:		
Phone #:		
E-mail:		
Program:		
Campus:		
Applicant Checklist: □ College Acceptance Letter is attached □ Approval from Community Centre Alliance □ Financial Statement section 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 each (renewable annually) Criteria: Awarded to a full-time student enrolled in any certificate, diploma or degree-level program for the first time at any post-secondary institution. This award is 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, MacMorran, Chalker Place, Eric McKay, Rabbittown and New Pennywell OR active program participant in one of the following five community centres: Froude Avenue Community Centre, Buckmaster's Circle Community Centre, Virginia Park Community Centre, MacMorran Community Centre and Rabbittown Community Centre.		
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 28, 2025 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:		
 I intend to be a full-time student for the academic year/semester for which this application is made. I have answered all questions, which are applicable to me, and the answers given by me are true. 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 $your\ personal\ information\ to\ process\ the\ scholarship\ application.\ The\ personal\ information\ you\ provide\ may\ be\ disclosed\ to\ the\ donor.\ This\ personal\ perso$ 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.

Thave read and understand the Privacy	Statement above and consent to the	conection and use or tris	personai iniormation

Name: Print or Sign	 Date	
-		LS-REG-AWD-PR-262-25-01-31



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 appli	cations will not be processed.	Deadline Date: July 28, 2025	
1. STUDENT INFORMATION				
Name:			Age:	
Student Number:	Campus:	Program:	Year: ☐ 1 st ☐ 2 nd ☐ 3 rd ☐ 4 th	
2. Please chec	k all the boxes tha	t apply to your living situation:		
☐ I will live with my parent(s)/guardian(s) while attending college.				
☐ I will live away f	rom parent(s)/gua	rdian(s) while attending college. Kms from	hometown to college:	
☐ I am an indepen	dent student.			
☐ I am married/co	mmon-law withou	t dependents.		
☐ I am married/co	mmon-law with de	ependents. Number of dependents:		
☐ I am a single par	rent. Number o	f dependents:		
Parental or Househ	old Income: 🖵 Be	low 50,000	0 − 100,000 □ Over 100,000	
3. Please chec	k all the boxes tha	t apply to your funding for college:		
☐ I am receiving a	student loan throu	igh Student Aid NL or Student Aid from and	other province.	
☐ I am receiving a	student loan or stu	udent line of credit through a financial insti	tution (I.e.: bank)	
_	-	Department of Immigration, Population G Social Development (CSSD)	rowth and Skills (IPGS) or the	
☐ I am receiving fu	unding as an Indige	nous student (I.e.: First Nations, Inuit, Mét	is, or other)	
Other:				
4. Please prov	ide a brief descrip	tion of any circumstances you feel should	be considered: (i.e.: single	
_		n school, parents unemployed, permanent if more space is required.	disability, etc.)	

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		Family Support (i.e.: parents, spouse,	
assessment for Sept – Dec 2025)	\$	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	\$
		Other:	
Childcare (if applicable)	\$	(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: 4. I have answered all questions, which ar 5. I shall be a full-time student for the aca 6. I have stated my financial situation bas Permission is hereby granted for the Awards Co agencies.	demic year/semester ed on the winter seme	in which this application is made. ester.	individuals/
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 <u>contact@ccanl.ca</u> 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: Email: 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 ☐ Actively participates in one of the five community centres listed below
<u>Areas:</u> Froude Avenue, Buckmaster's Circle, Virginia Park, MacMorran, Chalker Place, Eric McKay, Rabbittown and New Pennywell
<u>Community Centres:</u> Froude Avenue Community Centre, Buckmaster's Circle Community Centre, Virginia Park Community Centre, MacMorran Community Centre and Rabbittown Community Centre