

CAWIC BURSARY APPLICATION FORM

Submit all requested material by:

e-mail to: **CAWIC Bursary Committee <bursary@cawic.ca>**

or by Canada Post to: **Canadian Association of Women in Construction
 4086 Arbour Green Drive
 Mississauga, ON L5L 2J4
 Attn: Bursary Committee**

I am applying for: CAWIC Bursary Cooper Bursary for Women in Construction

Please note that only Canadian citizens or permanent residents may apply.

SECTION 1 – PERSONAL INFORMATION

| Last Name | First Name | Initial |
|-----------|------------|---------|
| | | |

CURRENT ADDRESS

| | |
|-----------------|-----------|
| Number & Street | Apt # |
| | |
| City | Prov. |
| | |
| Postal Code | Telephone |
| | |
| E-mail Address | |
| | |

PERMANENT ADDRESS (if applicable)

| | |
|-----------------|-----------|
| Number & Street | Apt # |
| | |
| City | Prov. |
| | |
| Postal Code | Telephone |
| | |
| E-mail Address | |
| | |

CURRENT ENROLLMENT

| | | |
|------------------------------------|-----------------------------|--------------|
| University / College / Institution | Certificate / Degree Sought | Current year |
| | | |
| Department & Student No. | | |
| | | |

SECTION 2 – DECLARATION BY APPLICANT

I, _____, certify that all information provided in this application is accurate to the best of my knowledge. I hereby grant CAWIC permission to use my name and photograph in any promotional materials it deems appropriate.

Signature of Applicant

Date

SECTION 3 – BUDGET FORM

| EXPENSES | | INCOME | |
|---|------|--|----|
| Monthly Expenses | | Financial Resources (current school year) | |
| Rent | \$ | Savings at beginning of school year | \$ |
| Utilities (if not included in rent) | \$ | Part-time earnings during school year | \$ |
| Telephone/ Internet/ Cable | \$ | Parent / Spouse Contribution | \$ |
| Food | \$ | | |
| Household Supplies | \$ | | |
| | | Ontario Student Assistance Program | \$ |
| Transportation | | Canada Study Grant | \$ |
| Local | \$ | | |
| To Permanent Home (if applicable) | \$ | | |
| | | Academic Awards | |
| Medical / Dental (uninsured only) | | Bursaries | \$ |
| Prescriptions | \$ | Scholarships | \$ |
| Doctor / Dentist | \$ | | |
| Eyes incl. glasses/contacts | \$ | Government Income | |
| | | Employment Insurance | \$ |
| | | Vocational Rehabilitation | \$ |
| Clothing | \$ | | |
| Personal Care Items | \$ | | |
| | | Other (specify) | \$ |
| | | | |
| Total Expenses for 1 month | \$ | | |
| X number of months in school | x | | |
| (Monthly expenses) x (number of months) = Annual Living Expenses | = \$ | | |
| + Add Tuition / Activity Fees | + \$ | | |
| + Add Books / Equipment/ Supplies | + \$ | | |
| TOTAL ANNUAL EXPENSES (LINE A) | \$ | TOTAL FINANCIAL RESOURCES (LINE B) | \$ |
| BALANCE | | | |
| Subtract TOTAL FINANCIAL RESOURCES (LINE B) from TOTAL ANNUAL EXPENSES (LINE A) | | | \$ |

SECTION 4 - PERSONAL ACTIVITIES & EXPERIENCES

School extra-curricular activities:

Relevant experience in construction industry:

Community involvement / volunteer experience:

Special Skills, and awards:

SECTION 5 – APPLICATION CHECKLIST

Please ensure that ALL of the following required documents are enclosed:

- Signed Application Form
- Reference Letter – Academic
- Reference Letter – Other
- Cover Letter
- Copy of Transcript

If any of the above requested items are not included please provide an explanation:

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