

2025 Bursary Awards Program Application Form for NEOFACS Clients

Preface

Our Bursary Awards Program provides much-deserved recognition, fosters confidence, and assists youth in pursuing their goals, in most cases through post-secondary education. Every year, several awards are provided to deserving youth who are receiving or have previously received services from North Eastern Ontario Family and Children's Services (NEOFACS).

Award Categories & Value

This year, there are seven (7) award categories offered by the North Eastern Ontario Children's Foundation:

Award Category	Awarded Value
1. Barbara and Douglas Martin Fund	One award of \$2,000 will be awarded.
2. Children's Mental Health Week Bursary	One award of \$1,000 will be awarded.
3. Diane Boucher Award	One award of \$500 will be awarded.
4. Donna Little Award	One award of \$1,500 will be awarded.
5. Endowment Fund	Up to two awards of \$1,500 each will be awarded.
6. Parker Nixon Award	One award of \$300 will be awarded.
7. Recognition Award	Two awards of \$250 each will be awarded.

Eligibility Criteria

Must be a current or former client of NEOFACS between 17 and 25 years old as of January 1, 2025. Each award category has its own unique eligibility criteria, which you can find in the 2025 Bursary Awards Program Application Overview document at www.neofacs.org/bursary. Applicants are encouraged to review the criteria carefully to determine which award(s) they may be eligible for.

Prerequisite of the Application

Applicants are required to provide a written statement outlining why they should be considered (approximately 500 words in English or French). The written submission will be a key factor in the selection process, so we encourage all applicants to give their best effort. If a written summary presents a barrier, applicants may submit a video message as an alternative.

Selection Process

The selection committee is made up of employees of North Eastern Ontario Family and Children's Services (NEOFACS) who were selected by the North Eastern Ontario Children's Foundation. The committee will receive all applications and will evaluate them to select the best candidate according to the established criteria.

For some categories, funds will be held in trust for the selected applicant until proof of enrollment or employment is received.

Application Deadline

Completed applications must be submitted by email to foundation@neofacs.org, **no later than Saturday, May 31, 2025, at 11:59 p.m.**

If you have any questions or require the application in an alternative format, please call 1-705-360-2121 (Toll-Free: 1-866-229-5437) or email foundation@neofacs.org.

2025 Bursary Awards Program Application Form for NEOFACS Clients

Bursary Application

Please fill out the following application form to be considered for the award categories offered to youth who are receiving or have previously received services from NEOFACS. Some award categories may have multiple recipients, and the value of awards ranges from \$250 to \$2,000.

Award Categories

Which award category would you like to be considered for? (Select all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Barbara and Douglas Martin Fund | <input type="checkbox"/> Donna Little Award | <input type="checkbox"/> Parker Nixon Award |
| <input type="checkbox"/> Children's Mental Health Week Bursary | <input type="checkbox"/> Endowment Fund | <input type="checkbox"/> Recognition Award |
| <input type="checkbox"/> Diane Boucher Award | | |

Personal Information

Legal Name:

Chosen Name

(if different from above):

**Personal
Pronouns:**

**Date of
Birth:**

Address:

Phone Number:

Email:

Do you identify as a Francophone? (A Francophone is a person whose first language learned and still understood is French or who has a particular knowledge of French as an Official Language and uses French at home.)

- ☐ Yes ☐ No

Service Experience

When we talk about service experience, we mean that at some point between the ages 0 and 23, you have accessed services from NEOFACS; this may include services offered through Child Welfare, Child and Youth Mental Health, Youth Justice, Prevention or Community-Based programs.

Are you currently receiving services or have you previously received services from NEOFACS?

- ☐ Current Client ☐ Past Client

Which programs or services are you currently receiving or have you previously received from NEOFACS?

(Include all that apply, such as protection, counselling, VYSA, F.W. Schumacher, restorative justice, etc. If you're unsure, you can mark down "I don't know" and a selection committee member will follow up with you.)

Name of your current and/or past worker(s) with NEOFACS: (If you're unsure, you can mark down "I don't know".)

2025 Bursary Awards Program Application Form for NEOFACS Clients

Academic Information

High School (Currently enrolled in or a graduate of):

Name of post-secondary program, accredited apprenticeship, or training program (Currently enrolled in or planning to pursue):

Name of Post-Secondary Institution:

Type of Program:

- ☐ Certificate
 ☐ Diploma
 ☐ Degree
 ☐ Graduate Certificate
☐ Co-op
 ☐ Apprenticeship
 ☐ Other, please explain:

Length of program (in years):

Enrolled in which year for the 2025/26 academic year (1st, 2nd, etc.):

Personal Achievements

Select the areas in which you have demonstrated success or shown improvement: (Select all that apply)

- ☐ Regular school attendance
☐ Academic achievement
☐ Community service and engagement (e.g. volunteering, mentorship, youth committees, etc.)
☐ Gainful employment (casual, part-time or full-time)
☐ Extracurricular activities/sports/clubs (e.g. at school, in the community or with NEOFACS)

If you checked any of the above, please explain why or provide examples:

If you were unable to check any of the above, please feel free to explain why or describe any barriers you faced:

2025 Bursary Awards Program Application Form for NEOFACS Clients

Please provide a summary outlining why you should be considered (approximately 500 words).

In your submission, please explain how you have demonstrated resilience and how the financial support will impact your educational experience.

2025 Bursary Awards Program Application Form for NEOFACS Clients

Applicant's Declaration and Consent

I confirm that the information provided in this application is true and accurate. If any information is inaccurate, I understand that any bursary awarded may be reassessed and/or withdrawn. Should any part of the information included in this application package change for any reason, I agree to notify the Selection Committee of these changes immediately.

I understand that I am responsible for providing all required documentation as indicated on this application or as directed by the Foundation. I understand that I may not be considered for an award if I do not submit the required documentation or information.

I understand that the collection of my personal information provided on this application is used solely to determine my eligibility for bursary assistance and to communicate with me regarding this matter.

Do you give us permission to contact your assigned worker for additional information that may be relevant to the selection process?

- ☐ Yes, I consent.
- ☐ I would like staff support to review the information with me before providing my consent.
- ☐ No, I do not consent.

Informed Consent for Verification of Receipt of Services:

By checking the box below, I consent to the Selection Committee verifying that I have received services from North Eastern Ontario Family and Children's Services (NEOFACS) through a search of agency databases. This search will be limited to only reviewing my name, date of birth, address, and the name of my assigned worker. If you have any concerns about this verification process or about our privacy practices, please email foundation@neofacs.org.

- ☐ Yes, I consent.
- ☐ I would like staff support to review the information with me before providing my consent.
- ☐ No, I do not consent, but I would still like to be considered for the bursary awards program. While I disagree with the terms stated above, I am happy to provide my own proof of receipt of services.

Applicant's Name	
Applicant's Signature	
Date	