



APPLICATION FOR OFMF BURSARY ASSISTANCE 2022

PLEASE PRINT

email: _____

1. NAME IN FULL: _____ DATE OF BIRTH: D ____ M ____ Y ____
RESIDENTIAL ADDRESS WHILE IN SCHOOL (IF KNOWN): _____ APT. #: ____
CITY OR TOWN: _____ POSTAL CODE: _____ TEL. #: _____
PRIMARY HOME ADDRESS: _____ TEL. #: _____

2. EDUCATION LEVEL WHICH PROVIDES FOR ADMISSION TO UNIVERSITY/COLLEGE:
SECONDARY SCHOOL ATTENDED: _____
GRADUATION DATE: D ____ M ____ Y ____ Please attach copy of high school diploma to application.

3. UNIVERSITY OR COLLEGE ATTENDING: _____
ADDRESS OF INSTITUTION: _____
COURSE/PROGRAM REGISTERED IN: _____ Please attach proof of enrolment.
LENGTH OF COURSE (PLEASE STATE NUMBER OF): YEARS ____ MONTHS ____ or WEEKS ____
YEAR YOU ARE REGISTERED IN (CIRCLE): 1ST 2ND 3RD 4TH 5TH
DEGREE/DIPLOMA/CERTIFICATE RECEIVED ON SUCCESSFUL COMPLETION OF PROGRAM: _____

4. ESTIMATED EXPENSE FOR ACADEMIC YEAR (IN CANADIAN FUNDS):
TUITION FEES \$ _____ PER SCHOOL YEAR (SEPT-AUG)
TEXTBOOKS \$ _____ PER SCHOOL YEAR (SEPT-AUG)
TOOLS/INSTRUMENTS/LAPTOP \$ _____ PER SCHOOL YEAR (SEPT-AUG)
ROOM & BOARD \$ _____ PER SCHOOL YEAR (SEPT-AUG)
TRANSPORTATION \$ _____ PER SCHOOL YEAR (SEPT-AUG)
TOTAL EXPENSES \$ _____ PER SCHOOL YEAR (SEPT-AUG)

5. LIST MAJOR EXTRACURRICULAR ACTIVITIES AND/OR VOLUNTEER WORK IN THE AREA OF WILDLIFE, CONSERVATION, BIOLOGY, FORESTRY, ETC.: _____

6. FINANCIAL RESOURCES:
HAVE YOU APPLIED FOR THE ONTARIO STUDENT ASSISTANCE PROGRAM (OSAP): (yes/no) _____
IF NO, WHY? _____
IF YES, AMOUNT OF APPROVED LOAN: \$ _____

If you have been refused assistance from OSAP or are ineligible to apply, please provide a letter from OSAP confirming your ineligibility.

Will your education be paid (in any part) by Indigenous and Northern Affairs Canada? (yes/no) _____

Are you presently working part time? (yes/no) _____ Where are you working? _____

7. SCHOLARSHIPS & BURSARIES YOU WILL RECEIVE OR HAVE ALREADY RECEIVED:

NAME OF SCHOLARSHIP: _____

AMOUNT: \$ _____

NAME OF BURSARY: _____

AMOUNT: \$ _____

OTHER: _____

AMOUNT: \$ _____

8. Provide name of Trappers Council in Ontario that you are a member of: _____

9. ADDITIONAL INFORMATION: Please add any information related to this application that you feel is important. Should more space be required please attach an additional sheet with your name and address at the top. _____

10. Please write at least 200 words on the benefits of trapping in Canada. A copy must be attached to this application and sent in all together by the deadline.

Signature of Applicant: _____ **Date:** _____

Deadline: July 31st, 2022. Please submit application with accompanying documents (high school diploma, proof of post-secondary enrolment, letter from OSAP if ineligible for assistance, minimum 200-word write-up on the benefits of trapping in Canada, proof of applicant or immediate family member/guardian's current Ontario trapping licence(s) and OFMF membership(s) - see cover letter).

Submit by email: furmanagers@gmail.com

Submit by fax: 705-254-3297

Submit by mail: Ontario Fur Managers Federation - Bursary Committee
531 Second Line E
Sault Ste Marie, ON
P6B 4K2