



## THE LEGACY FUND FOR YOUTH FROM CARE

Deadline: May 31

This bursary was established in 2000 by private donors to provide funding for applicants that have been under a Permanent Guardianship Order of Calgary and Area Child & Family Services.

### ELIGIBILITY FOR AWARD:

- You must have been under a Permanent Guardianship Order with Calgary and Area Child & Family Services at the time you turned 18 years of age.
- You are over 18 years old and under the age of 30 before the date of the application deadline.
- You are not under a Support and Financial Agreement.
- You meet the entry requirements of the program you are applying for.
- You have submitted a complete application package by the application deadline.
- You have submitted a letter stating your achievements, aspirations or plans for future, volunteer and work experience.
- You have provided a letter from a significant person in your life.

Note: Priority is given to individuals over the age of 20 for whom a Support and Financial Agreement is not an option.

<b>ELIGIBLE FUNDING:</b>	Monies may be used for tuition, books or living expenses Funds are provided for 1 year (at a time)
<b>SELECTION CRITERIA:</b>	Financial need (what other grants or programs are available) Future aspirations Demonstrated commitment to follow through
<b>DEADLINE:</b>	May 31

**Apply to:** Legacy Fund for Youth From Care  
c/o Student Awards Officer  
The Calgary Foundation  
700, 999 8th Street SW  
Calgary, AB T2R 1J5  
Fax: 403-802-7701  
Email: [studentawards@thecalgaryfoundation.org](mailto:studentawards@thecalgaryfoundation.org)



## THE LEGACY FUND FOR YOUTH FROM CARE

Deadline: May 31

To ensure eligibility, all sections must be completed. The Legacy Fund will require you to confirm your Permanent Guardianship status with Calgary and Area Child and Family Services at the time you turned 18 years of age. The personal information contained on this form will be used for the purpose of reviewing the applications to award a recipient

In order to publicly recognize the achievement of the student as a recipient of the award, a consent form is included with this application. The refusal to sign the consent form will not prejudice the consideration of the student's application for a scholarship award.

The Bursary will be paid through The Calgary Foundation and will go directly to the institution you are registered with.

SURNAME: \_\_\_\_\_

GIVEN NAMES: \_\_\_\_\_

SEX: M/F \_\_\_\_\_ DATE OF BIRTH: (mm/dd/yy) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ S.I.N. \_\_\_\_\_

CONTACT NUMBER: DAYTIME \_\_\_\_\_ EVENING \_\_\_\_\_

NAME THE EDUCATION/ TRAINING PROGRAM YOU ARE APPLYING FOR:

(INCLUDE THE YEAR YOU PLAN TO ATTEND AND THE EXPECTED COMPLETION DATE OF THE PROGRAM)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME THE INSTITUTION YOU PLAN TO ATTEND: \_\_\_\_\_

START DATE: \_\_\_\_\_

REQUESTED AMOUNT: \_\_\_\_\_





for Youth from Care



Have you received funding from the Legacy Fund in past years, and, if so, how has it assisted

you? Year: \_\_\_\_\_ Amount: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

Give one example of how you have successfully handled or overcome a personal challenge or obstacle in your life.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

If more space is required, please use a separate sheet.



**Reference Letters:**

Please attach one letter of reference from a significant person in our life. The letter should provide information about you in the following three areas:

- How will you benefit from this Bursary program?
- What does the reference know of your current situation?
- What are your plans for the future?

Please ensure that the letter is signed and the name of the writer is printed or typed underneath the signature.

**Confirmation of a Permanent Guardianship Order**

You are required to obtain letter of confirmation that you were under a Permanent Guardianship Order with Calgary and Area Child and Family Services when you turned 18 years of age. This letter may be obtained from:

Child Intervention Specialist, Calgary and Area Child & Family Services,  
300, 1240 Kensington Rd NW  
Calgary, Alberta T2N 3P7  
Phone: (403) 297-8080

**Financial Information:**

Please complete this budget for the academic year (beginning September). If married, or common-law, the budget should be for the whole family. Please explain any extenuating circumstances in the space provided or attach a covering letter.

Requested Amount: \_\_\_\_\_

Approximate cost of tuition: \_\_\_\_\_

Approximate cost of books: \_\_\_\_\_

Approximate cost of lab fees: \_\_\_\_\_

Rent per month: \_\_\_\_\_

Cost of living per month: \_\_\_\_\_ (excluding rent)

Transportation costs: \_\_\_\_\_



for Youth from Care



Do you live on your own? Explain:

---

---

---

Apart from this Bursary how are you planning to support your financial needs while you attend school. Please describe (example: savings, employment, etc.)

---

---

---

---

---

---

---

---

What other avenues have you sought financial support from (example: Bursaries, Scholarships, Grants, Student Loans, etc.)

Name: \_\_\_\_\_ Amount Applied for: \_\_\_\_\_

Denied: \_\_\_\_\_ Amount Awarded: \_\_\_\_\_

Name: \_\_\_\_\_ Amount Applied for: \_\_\_\_\_

Denied: \_\_\_\_\_ Amount Awarded: \_\_\_\_\_

Name: \_\_\_\_\_ Amount Applied for: \_\_\_\_\_

Denied: \_\_\_\_\_ Amount Awarded: \_\_\_\_\_

Name: \_\_\_\_\_ Amount Applied for: \_\_\_\_\_

Denied: \_\_\_\_\_ Amount Awarded: \_\_\_\_\_



I certify that to the best of my knowledge the above information is correct. (This application must be signed.)

APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**For Your Information:**

The Ministry of Children and Youth Services provides bursary funds for Youth in Government Care through a program called "Advancing Futures." It is a program for individuals between 16 and 22 who had any status in Children's Services over an 18 month period between 13 and 18 years of age.

Information about "Advancing Futures" can be found and downloaded from the Children and Youth Services Website: [www.child.gov.ab.ca](http://www.child.gov.ab.ca) Applications are also available at Child and Family Service Authority (CFSA) offices throughout Alberta, Children's Services, Community Strategies, Youth Strategies (6th Floor, Sterling Place, 9940-106 Street, Edmonton, AB T5K 2N2), by calling Alberta Children's Services at (780) 415-0085 (for long distance, first dial 310-0000)

Other suggested funding avenues: Youth in Care, Woods, Hull home, Ken Dryden, Calgary Foster Parent Association, Alberta Foster Parent Association, etc.

Check the internet under Student Grants and/or Bursaries for other options as well as the following websites:

[www.scholarshipscanada.com](http://www.scholarshipscanada.com)

[www.studentawards.com](http://www.studentawards.com)

[www.alis.gov.ab.ca/pdf/scholarships/ScholarshipsBrochure.pdf](http://www.alis.gov.ab.ca/pdf/scholarships/ScholarshipsBrochure.pdf)



for Youth from Care



## **PRIVACY AND CONSENT**

The Calgary Foundation respects your privacy. For detailed information regarding the Foundation's privacy policy, please call 403-802-7716.

The information that I provided for this application is true, accurate and complete.

I am aware that providing incomplete or false information will be considered fraud and will affect my ability to access future funding.

I authorize The Calgary Foundation to access student information maintained by my high school and the post-secondary institution that I will and/or am attending for the purpose of determining and verifying eligibility for, and the general administration of the award(s) for which I have applied. I am aware that the granting of these awards is subject to conditions listed in my acceptance letter.

I authorize the Selection Committee to contact my references if needed.

I authorize The Calgary Foundation to distribute this application to the Selection Committee for review.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **CONSENT FOR PUBLIC RECOGNITION OF STUDENT AWARD RECIPIENT**

Signing this consent form permits The Calgary Foundation to publicly recognize the achievement of the student as a recipient of the award.

If selected for an award, consent is given to The Calgary Foundation to publish the student's name, school location with award(s) received, future post-secondary plans and excerpts from answers to the essay question contained in the application form. This and celebrating recognition may take place at public award ceremonies or be displayed publicly in one or more ways including but not limited to newspaper, school newsletter, and yearbook for the purpose of recognizing student accomplishment(s). It is understood that not signing this consent will not prejudice the consideration of student award applications.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

It is your responsibility to ensure that all relevant information has been included or attached. Incomplete applications may not be considered. Forward completed applications to:

Student Awards Officer  
The Calgary Foundation  
700, 999-8th Street SW  
Calgary, AB, T2R 1J5.

Incomplete applications may not be considered.



#### CHECKLIST OF DOCUMENTS REQUIRED FOR LEGACY FUND BURSARY APPLICATION

- Application is completed and signed;
- Written confirmation of permanent guardianship with Calgary and Area Child & Family Services at the time you turned 18 years of age;
- Reference letter from a significant person in your life stating why they would recommend you for this Bursary program, your current situation and your plans for the future. Letter must be signed and name of the writer printed or typed under the signature;
- Written confirmation of registration in the Educational Program you are attending or plan to attend;
- Letter from you stating your achievements, aspirations or plans for the future, volunteer and work experience and how this Bursary will contribute to your success.



**STUDENT AWARD CERTIFICATION**

THIS IS TO CERTIFY THAT:

Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Student ID \_\_\_\_\_ Telephone Number \_\_\_\_\_

LEGACY FUND FOR YOUTH FROM CARE Year of Award \_\_\_\_\_

TO BE COMPLETED BY EDUCATIONAL INSTITUTION

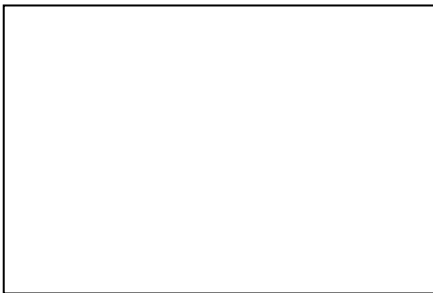
The above named student is enrolled at:

\_\_\_\_\_  
Name of Accredited Educational Institution

\_\_\_\_\_  
Registrar (Print Name)

\_\_\_\_\_  
Signature

Telephone Number \_\_\_\_\_ Date \_\_\_\_\_



Educational Institution Stamp or Seal