



APPLICATION FORM
Application deadline: February 1, 2022
Fillable PDF available at: www.kincanada.ca

Kinsmen & Kinettes – Serving the Community’s Greatest Need

Kin Canada Bursaries was established in 1994 by Kin Canada as a legacy to its Founder, Harold Allin Rogers, O.C., O.B.E. (1899-1994) and is funded by Kinsmen and Kinettes across Canada. The program was established to promote, encourage and sponsor educational programs and activities, by providing financial assistance in the amount of \$1000 to successful applicants in their quest for higher learning at a recognized post-secondary institution.

ELIGIBILITY To be eligible you must:

1. Be a Canadian citizen or permanent resident.
2. **Plan to register as a full-time student in the 2022-2023 school year at a recognized post-secondary institution (e.g. University, College, Trade School, Technical Institute)**
3. Submit this application to **one only** of a local Kinsmen, Kinette, or Kin Club nearest your permanent residence. (Email and mailing addresses of Clubs can be found at www.kincanada.ca)
4. Demonstrate high ideals, community involvement and knowledge of Kin, and
5. Not have previously received a bursary from the Hal Rogers Endowment Fund.

APPLICATION PROCEDURE: Complete all sections of the current application form and **SUBMIT TO YOUR NEAREST LOCAL KINSMEN, KINETTE, KIN OR KIN CAMPUS CLUB BY FEBRUARY 1ST**. Applications will not be eligible if emailed or mailed directly to Kin Canada or if submitted to more than one local Kinsmen, Kinette or Kin Club. If you have questions about the application, visit www.kincanada.ca, call 1-800-PICK KIN (742-5546) or email bursary@kincanada.ca.

NOTES:

- The responsibility for the completed application form rests with the applicant; be sure to answer ALL questions. **You may attach additional pages if there is not enough space to answer a question.**
- Any information provided may be subject to authentication.
- All information on the application form will be held in the **strictest confidence**.
- All sponsoring clubs and successful applicants will be notified of the Board of Trustees decision. This decision will be final.
- Bursary recipients will be required to submit proof of citizenship (Government-issued ID such as Canadian birth certificate, passport, certificate of citizenship, certificate of Indian Status, Health Card, Provincial Photo Card, or Permanent Resident Card) and proof of registration prior to funds being released.

CLUB USE ONLY

Club **MUST** complete this section and send the scanned application to bursary@kincanada.ca by **MARCH 1ST**.

This application, in the name of _____, has been endorsed by the

Kinsmen Club; Kinette Club; Kin Campus Club Kin Club of _____ District _____

and forwarded to Kin Canada Bursaries for consideration by the Hal Rogers Endowment Fund Board of Trustees.

Clubs receiving less than 20 applications must select **one** to endorse and submit. Clubs receiving 20 or more may select **two** to submit.

Total # of applications received _____ **Total # of applications submitted (1 or 2)** _____

IMPORTANT: Application must be signed by a member of the Club executive who is not related to the applicant*

Club Contact*: _____ **Signature:** _____ **Date:** _____
(DO NOT approve before February 1ST)

Phone (home): _____ **Phone (work/cell):** _____

Email: _____

- As representative of my club, I will ensure that all information provided by the applicant remains confidential and that the application will be securely destroyed by July 1, 2022.

CONTACT INFORMATION WILL BE USED TO NOTIFY YOU IF YOUR APPLICANT IS SUCCESSFUL. PLEASE PRINT CLEARLY

Reminder: Success of the Kin Canada Bursaries program relies on financial support of clubs. Donations can be sent to Kin National Headquarters.

PERSONAL INFORMATION

Last Name _____ First Name and Middle Initial _____

Permanent Address _____ City or Town _____ Province _____ Postal Code _____

Phone Number _____ Applicant E-mail Address _____ Parent/Guardian Email Address _____

Date of birth (mm/dd/yyyy) _____ Preferred Language:
 English French

Eligibility Requirements

- Canadian Citizen **OR** Permanent Resident
- I plan to register as a **full-time** student in the **2022-2023** school year at a recognized post-secondary institution.
- I have only submitted this application to **one** local Kinsmen, Kinette, or Kin Club nearest my permanent residence
- I demonstrate high ideals, community involvement and knowledge of Kin, and
- I have not have previously received a bursary from the Hal Rogers Endowment Fund.

PROPOSED PROGRAM OF STUDY

Name of Institution	Location (City, Province)	Previous HREF Bursary Recipient	
		Yes	No
Expected Starting Date (mm/yyyy)	Expected Graduation Date (mm/yyyy)	Which year of study will you be Entering in Sept 2022? (1 st , 2 nd , etc.)	Certificate / Diploma / Degree Expected
_____	_____	_____	_____
Program/Area of Study _____			Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>

Why are you choosing this program/area of study?

EDUCATIONAL HISTORY

Most recent school or institution	Grade / Program	Finish Date	Certificate/Diploma/Degree Completed

FINANCIAL INFORMATION – All fields MUST BE COMPLETED or the application will NOT be considered (max. 38 points)

- Applicant/Student Net Income* for 2020: _____ Applicant/Student Net Worth (including RESPs)** : _____
- Please list your estimated expenses for the **upcoming** academic year (12 months):

1.	Tuition/Incidental Fees:	Books/Supplies:	Total Line 1:	TOTAL:
2.	Housing/Accommodation:	Transportation:	Total Line 2:	

- Have you been out of high school 4 or more years? Y N Have you been in the work force **FULL TIME** for 2 consecutive years? Y N

If you answered Yes to either question in #3 above, skip questions #4 and #5 and go to question #6.

- Parents Combined Net Income* for 2020 : up to \$49,999 \$50,000 – \$69,999 \$70,000 – \$89,999
 \$90,000 – \$109,999 \$110,000 and up I choose not to disclose***

Parents Combined Current Net Worth**:

\$0 - \$99,000 \$100,000 – \$199,000 \$200,000 – \$299,000 \$300,000 – \$399,000
 \$400,000 – \$499,000 \$500,000 or more I choose not to disclose***

- 5. # of Parents: _____ # of Dependents living at home (including you): _____ # of children in post-secondary school in 2022/2023: _____
- 6. Do you have children? Yes No If yes, how many? _____
- 7. Are you married (or living common-law)? Yes No

If you answered No to question #7, skip question #8.

- 8. Spouse's Net Income* for 2020: up to \$49,999 \$50,000 – \$69,999 \$70,000 – \$89,999
 \$90,000 – \$109,999 \$110,000 and up I choose not to disclose***
- Spouse's Current Net Worth**: \$0 - \$99,000 \$100,000 – \$199,000 \$200,000 – 299,000 \$300,000 – \$399,000
 \$400,000 –\$499,000 \$500,000 or more I choose not to disclose***

Notes: *Net Income as reported to Revenue Canada (Line 15000)
**Net Worth = total value of assets (cash, houses, vehicles, investments, RESP, etc.) LESS total value of liabilities (mortgage, loans, etc.). This must be a numerical value.
*** Applicants that select "I choose not to disclose" will be awarded 0 points for the question

9. ADDITIONAL FINANCIAL CONSIDERATIONS – Are there financial challenges you face of which the selection committee should be aware (i.e. medical condition/extenuating family circumstances requiring additional finances, changes to income, single parent, living accommodations, transportation etc.)? You may attach additional pages if necessary. **(max. 15 points)**

NON-FINANCIAL CONSIDERATIONS – Comment on non-financial challenges, if any, you have had to overcome or face in your pursuit of academic, extracurricular or community service goals. You may attach additional pages if necessary.

10. List school/community/organization activities that you have been involved in for the past three (3) years (teams, clubs, positions of responsibility, volunteer work, etc.) Please be specific. (max. 17 points)

YEAR	ACTIVITY TYPE/ ORGANIZATION NAME (school, volunteer, etc.)	EXTRA-CURRICULAR, COMMUNITY SERVICE AND VOLUNTEER ACTIVITIES	Total # of hours
YEAR	POSITION	WORK EXPERIENCE - PLACE OF EMPLOYMENT / JOB DESCRIPTION	Part-time or Full time

KIN KNOWLEDGE (max. 20 points)

11. Before you answer this question, please research and document below what you learned from your research. You may attach additional pages if necessary.

Who is Kin Canada and how has Kin Canada impacted the country and the citizens of Canada?

Who is your closest Kin Canada Club and how has the local Club impacted their community?

12. Describe your *experience* with Kinsmen / Kinette / Kin or Kin Campus Clubs

13. Are you a Kin Member? Yes No List any relationships with Kinsmen and/or Kinettes (past or present).

14. Additional Points may be added based on Overall Impression of Application. Please use this space to share how this bursary would impact your education and add any additional information related to this application that you feel is important for consideration by the committee. **(max. 10 points)**

Would you like to receive a one-time information package about Kin Canada, including information about the benefits of being a part of Kin?	YES	NO
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PRIVACY STATEMENT AND APPLICATION AGREEMENT

Personal information under the control of Kin Canada (further known as the Association) and the Hal Rogers Endowment Fund shall remain confidential and shall not, without the consent of the individual to whom it relates, be used by the Association except: (a) for the purpose for which the information was obtained or compiled by the Association; or (b) for a use consistent with that purpose.

By completing and authorizing this Application, you consent to the use of your personal information for: (a) processing of the application; (b) publication of name in the Association’s Website and Brochure; (c) publication of name in the media/social media; and/or (d) promotional purposes. You also consent to the use of your email address by the association, for the purpose of communication.

I hereby certify that all information is accurate and can be verified upon request, can prove Canadian citizenship; **and that I have not been a recipient of this bursary previously.**

I hereby acknowledge and agree to the above privacy statements and use of my personal information by the Association.

Signature of Applicant _____ Print Name _____ Date _____

Signature of Guardian (if applicant is not age of majority) _____ Print Name _____

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