

## APPLICATION FORM

### ABOUT THIS BURSARY

The Reach for Success Bursary assists young people in and from care with personal or professional development by helping them to participate in extracurricular activities, workshops, tutoring, conferences, as well as other skill building activities. This is a bursary for one-time only or short-term courses to a maximum of \$1,500 per year.

**NOTE:** This bursary will be sent directly to the school, host agency, or individual trainer. Bursary money can take up to 6 weeks to reach the designated organization. Post-secondary courses will not be accepted.

### ELIGIBILITY

1. You are a former youth in care either under a continuing custody order (CCO) or temporary custody order (TCO, Voluntary Care Agreement or Special Care Agreement) or Youth Agreement in B.C. under the Child, Family and Community Services Act.
2. You are a Canadian Citizen or a Landed Immigrant.
3. You are at least 14 years old and under 25 years old.
4. Must have a cumulative total of 1 year in government care

### PERSONAL INFORMATION

FULL NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

E-MAIL \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS WHILE IN SCHOOL (IF DIFFERENT) \_\_\_\_\_

GENDER  Male  Non binary  Self describe: \_\_\_\_\_  
 Female  Two-Spirited

DO YOU IDENTIFY AS ABORIGINAL:  Status  Non Status  Metis

### CARE STATUS INFORMATION

Continuing Custody Order (CCO or Permanent Ward)	From (year): _____	To (year): _____
Voluntary Care Agreement (VCA)	From (year): _____	To (year): _____
Special Needs Agreement (SNA)	From (year): _____	To (year): _____
Youth Agreement	From (year): _____	To (year): _____
Other: _____	From (year): _____	To (year): _____



# DREAM FUND

## Reach for Success Bursary

Updated: July 2017

### SOCIAL WORKER INFORMATION:

NAME OF MOST RECENT SOCIAL WORKER / DAA WORKER: \_\_\_\_\_ PHONE \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

To search for MCFD offices by community please [click here](#).

To access a list of Delegated Aboriginal Agencies please [click here](#)

### INFORMATION ABOUT THE INTENDED PROGRAM

Name of Organization: \_\_\_\_\_

Name of Program/Course/Conference: \_\_\_\_\_

Date of Program: \_\_\_\_\_

Total Cost: \_\_\_\_\_

**Please also submit a letter or print off information from the organizations website indicating the name of the organization, the cost of the program/course/workshop/conference and start and end dates.**

### ESSAY QUESTIONS

Please attach the answer to the question below to this form (preferably typed, double spaced, size 11 font).

1)How will this bursary benefit you? **(One page maximum)**

### HOW DID YOU HEAR ABOUT THE DREAM FUND?

Fed Presentation

Retreat or other event

Power Pages

Our website

Social worker

Other: \_\_\_\_\_

### WHAT OTHER FED PROGRAMS WOULD YOU LIKE TO LEARN MORE ABOUT?

Education

Local Development

Power Pages

Youth Retreats

Transitions

Volunteering

Leadership training

Membership

Employment

Driver training

Indigenous programs

Other: \_\_\_\_\_



# DREAM FUND

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### HOW TO SUBMIT AND CHECKLIST

Submit your application by **email, mail, fax or dropping of the form and necessary attachments in person**. Use the checklist to make sure you include all of the required attachments as well as this form. If you have any questions or need help to fill in the form, please give our office a call at 604-527-7762 or toll free at 1-800-565-8055. Incomplete applications or those received after the deadline will not be considered.

**Mailing Address: Suite 500 - 625 Agnes Street, New Westminster, B.C. V3M 5Y4**  
**Fax: 604-527-7764 | Email: info@fbcyicn.ca**

Include everything listed here in your application package:

- Completed Application Forms (pages 1- 3)
- Answers to the essay question (typed, double spaced, size 11 font)
- One reference letter (could be from teachers, advisors, counselors, workers, employers, family members or other supportive adults).
- Copy of information about course/conference/workshop.
- Letter from the Ministry of Children and Family Development or Delegated Aboriginal Agency confirming your care status and how long you were in care.

### APPLICANT DECLARATIONS

#### Informed Consent

By signing this application form, I hereby verify that the information that I have provided is true. Should any part of the information included in this application package change for any reason, I agree to immediately notify the Dream Fund Selection Committee of these changes. I also consent to the Dream Fund Selection Committee verifying that I have been in the care of the Ministry of Children and Family Development or Delegated Aboriginal Agency.

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature (if under 19) \_\_\_\_\_ Date \_\_\_\_\_

#### Media Release

By signing this section I agree to allow my name (first name, last name initial), age, city and potentially a quote to be published in any Federation media and publications including but not limited to Power Pages, a magazine that is distributed provincially to youth in and from care and service providers and a program report. If you have questions or concerns please visit our website at [www.fbcyicn.ca](http://www.fbcyicn.ca) or contact us at 1-800-565-8055.

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature (if under 19) \_\_\_\_\_ Date \_\_\_\_\_