

Dream Fund

Education Achievement Bursary



The Dream Fund is an educational bursary for former youth in care who plan to pursue an academic, vocational training, secondary, upgrading programs, or personal/professional success activity.

There are currently two bursaries that the Dream Fund offers:

1. The **Education Achievement Bursary** assists young people in and from care with the financial costs of tuition, books and supplies for post-secondary academic, technical or academic upgrading. *This post-secondary bursary is available to a maximum of \$2,500 per semester.*
2. 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 \$500 per year.*

Note: These bursaries will be sent directly to the school, host agency, or individual trainer for tuition or registration fees, books and supplies, according to the dates listed below, however, if the funds are needed earlier to meet school fee deadlines, the applicant should inform the Selection Committee immediately.

Successful applicants will be selected on the following criteria:

ELIGIBILITY:

Education Achievement Bursary

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 under the age of 25.
4. You are currently enrolled or planning to enroll in a secondary, post-secondary academic, technical or vocational program, a recognized public post-secondary institution, or a registered private post-secondary institution.

Note: A list of registered private post-secondary institutions in BC can be found on The Private Career Training Institutions Agency (PCTIA) website: www.pctia.bc.ca/

REQUIRED DOCUMENTS:

Education Achievement Bursary

1. Maximum 2 page description of your educational goals and future aspirations for the next 2 - 3 years.
2. Maximum 1 page description of your challenges and obstacles
3. Maximum 2 page description of achievements and successes
4. Two reference letters; these can be from a school teacher, advisor, counsellor, worker, or employer.

HOW TO APPLY:

- Complete this application form and provide as much detail as possible. Incomplete applications will not be considered.
- Completed application forms and all original attachments must be received by mail or in person before the second Friday of July, October and March.

Note: Keep a photocopy of your application for your own records.

Application packages should be dropped off or mailed to:

FBCYICN
Dream Fund Selection Committee
55 8th Street
New Westminster, BC
V3M 3N9

Applications received after the deadline will not qualify for consideration. Successful applicants will be advised of the status of their application by a written letter within 2 weeks of the application deadline. Please inform us immediately if you move or change your contact information. If we are not able to connect with you, you will not qualify for consideration.

Questions or assistance about the Dream Fund application process, please contact:

Youth in Care Program Manager – Dream Fund:

604-527-7762

Toll Free: 1-800-565-8055

dreamfund@fbcyicn.ca



FBCYICN DREAM FUND APPLICATION FORM

Education Achievement Bursary

Public College/University, or Private Training Institute

PERSONAL INFORMATION:

Full Name _____

Birth date _____ DAY / MONTH / YEAR _____ Age _____

Current Address _____

City _____ Postal Code _____

Phone Number _____ Email _____

Address while in school (if different) _____

CARE STATUS INFORMATION:

1) Please describe your most recent status with the Ministry of Children and Family Development (MCFD):

a) Continuing Care Order (CCO or Permanent Ward):	From (year):	To (year):
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OR

b) Temporary Care Order (TCO, Voluntary Care Agreement, Special Care Agreement) or Youth Agreement:	Total years/months in care:
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2) Social Worker Information

In order to verify your care status, we require either a letter from the Ministry of Children and Family Development (or a Delegated Aboriginal Agency) that confirms your care status and how long you were in care for or we will need to follow-up with your current/last Social Worker. Please note, application packages that include this letter from MCFD will be processed faster than those that require Social Worker follow-up.

Name of your most recent Social Worker / Delegated Agency Worker: _____

Worker Phone #: _____

Social Worker / Delegated Agency Worker Office Address: _____

[MCFD contact numbers can be found on www.gov.bc.ca/mcf/ – Delegated Aboriginal Agencies can be found on MCFD website www.mcf.gov.bc.ca/about_us/aboriginal/delegated/index.htm on the left side of the webpage, hit Delegated Agency List].

EDUCATION HISTORY:

Most recent level of education completed: Grade 12 (or Adult Education equivalent)
 Program Certificate

College Diploma
 University Degree

Average grade at last or current school

(transcript is not required and there is no minimum average grade in order to receive this bursary) _____

Name and year of last school attended,

or school where your most recent level of education was completed: _____

School Address: _____

Please list all certificates, diplomas and/or degrees obtained and what school obtained from (add additional page if necessary):

Course / Program Name	School
_____	_____
_____	_____
_____	_____

EDUCATIONAL GOALS:

Please list the post-secondary institutions which you have applied to or are currently attending (if you are a current student, please supply your student number and your most recent transcript):

1	Name of School or Institution:	
	Student Number:	
	Date Applied:	Date Accepted:
	Intended program of study:	
	This program is: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Length of program (years/ semester/ hours)
	Number of additional years/ semesters/ hours required for completion:	

2	Name of School or Institution:	
	Student Number:	
	Date Applied:	Date Accepted:
	Intended program of study:	
	This program is: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Length of program (years/ semester/ hours)
	Number of additional years/ semesters/ hours required for completion:	

Add additional page if necessary

Please also submit a copy of your Letter of Acceptance from the school(s) you will be attending, or some form of registration confirmation (for example, a copy of your most recent transcript if you are a current student).

FINANCIAL ASSISTANCE:

Have you applied for any student loans? Yes No (Why were you denied?: _____)

If yes, which ones:

How much was received: _____ Date funds were received: _____

Have you applied for the Youth Educational Assistance Fund (YEAF)? Yes No (Why: _____)

If yes, did you receive it? Yes, Amount \$ _____ No Date funds were received: _____

*For more information about YEAF go to: www.aved.gov.bc.ca/student/yeaf/welcome.htm

Have you applied for educational funds through the Agreements with Young Adults (AYA) Program? Yes No (Why: _____)

If yes, did you receive it? Yes, Amount \$ _____ No Date funds were received: _____

*For more information about AYA go to: www.mcf.gov.bc.ca/youth/aya.htm

Have you applied for other scholarships and bursaries? Yes No (Why: _____)

Please name all bursaries and scholarships you have received, where you received them from, the date your received them, and the amounts:

_____ \$ _____
_____ \$ _____
_____ \$ _____

*For more information and helpful tips about scholarships and bursaries, check out the Educational Resources Package (ERP) on our website at www.fbcyicn.ca or contact 1-800-565-8055.

Please outline your estimated expenses for the next school semester:

Semester Start Date: _____ Semester End Date: _____ Tuition deadline: _____

Tuition \$ _____ Books/ instruments/supplies \$ _____ Total Expenses \$ _____

OTHER SOURCES OF INCOME:

Are you currently employed? No Yes, if yes: Full-time Part-time
Do you plan to work while going to school? No Yes, if yes: Full-time Part-time

Monthly Earnings \$ _____

My Education & Life Balance Plan

Budget Plan:

Semester Start Date:

Semester End Date:

Housing	\$ _____ per month	Total \$ _____
Food	\$ _____ per month	Total \$ _____
Transportation	\$ _____ per month	Total \$ _____
Utilities	\$ _____ per month	Total \$ _____
Semester Costs (tuition, books, etc.)	_____	Total \$ _____
Other (eg. medical, daycare, etc.)	\$ _____	Total \$ _____
		Total Expenses \$ _____

NOTE:
Total \$ =
\$ per month
multiplied
by the
of months
in semesters

If your costs are more than the Education Achievement Bursary how will you ensure that you are able to pay for the rest?

Course Requirements:

One Semester: Number of Courses: _____

Weekly: How many hours in class and/or lab: _____

Weekly: How many hours on assignments and homework: _____

Weekly: How many hours on reading and studying: _____

Total Time Commitment: _____

Time left for me: _____

Personal Well-being (social, community connections):

After reviewing the time commitment above, think about how much time will be available to you to spend with family, friends and on work and social activities. Outline how you will balance your personal and work time with the commitment required of your post-secondary education or personal/professional development.

Personal Support

Please identify the people in your life who have given you support. Who is willing and able to provide you with support as you pursue your post-secondary education or personal/professional development? Please describe how you see this support team working with you. (Support does not have to mean financial support, it could be any kind of encouragement you think will help you succeed with your education goals.)

My Education Goals and Future Aspirations

Please share with us your education goals and future aspirations for the next 2 – 3 years. How do you plan to achieve your goals? How much time do you think you will require in order to see your plans through to completion? How will this bursary assist you in achieving your educational goals? (maximum 2 pages)

My Challenges and Obstacles

Please comment on challenges and/or obstacles, if any, you have overcome in your educational pursuit so far, and how you have overcome them. (maximum 1 page)

My List of Achievements and Success

Please describe the personal achievements and/or successes you are most proud of – these are what you define as success. (maximum 2 pages)

Is there anything else you would like to tell us?

(maximum 1 page)

HOW DID YOU HEAR ABOUT THE FBCYICN DREAM FUND:

- FBCYICN Staff Presentation
- FBCYICN Website
- SCM or other event
- Social/Youth Worker
- Power Pages
- Other (please describe) _____

WHAT OTHER FBCYICN SERVICES WOULD YOU BE INTERESTED IN LEARNING MORE ABOUT?

- Education
- Local Development
- Power Pages
- Steering Committee Meetings
- Transitions
- Public Speaking
- Other (please specify) _____

COMPLETE APPLICATION CHECKLIST:

- Completed Application** (pages 3-7 of this document)
- Maximum two pages outlining your Educational Goals and Future Aspirations.
- My List of Achievements and Successes** you think we should know about in assessing your application (maximum two pages).
- A completed **Education & Life Balance Plan**. Template attached.
- Two reference letters** (eg. teacher, advisor, counsellor, worker, employer, family members or other supportive adults).
- Letter of Acceptance** from the school or agency you plan to attend, or a copy of your most recent official transcript to confirm your enrollment.
- 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'S DECLARATION (signed by applicant):

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 alert 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 a Delegated Aboriginal Agency.

Signature

Date

By signing this section I agree to allow my name, age and city to be published in the Power Pages, a tri-annual newsletter that is distributed provincially to youth in and from care and service providers. If you have questions or concerns please visit our website at www.fbcyicn.ca or contact us at 1-800-565-8055.

Signature

Date

Please mail or drop off the complete application package to:

Dream Fund Selection Committee
Federation of BC Youth in Care Networks
55 8th Street
New Westminster, BC V3M 3N9

If you need assistance filling out this or other education-related application forms, please contact:

Youth in Care Program Manager – Dream Fund
dreamfund@fbcyicn.ca

604.527.7762 or Toll Free 1.800.565.8055

* The complete application package must be received by 4:30pm for all application deadlines.

* Note: Faxed or emailed copies will not be accepted. Incomplete applications or those received after the application deadline will not be considered.