

Dream Fund

Education Achievement Bursary



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

The two bursaries that the Dream Fund offers are:

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: post-secondary courses will not be accepted.

Note: These bursaries will be sent directly to the school, host agency, or individual trainer for tuition or registration fees, books and supplies. Bursary money can take up to 6 weeks to reach the designated school, host agency or individual trainer.

Successful applicants will be selected on the following criteria:

ELIGIBILITY:

Education Achievement Bursary
<ol style="list-style-type: none">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. 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.5. Must have a cumulative total of 1 year in government care <p><i>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</i></p>

REQUIRED DOCUMENTS:

Education Achievement Bursary
<ol style="list-style-type: none">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 obstacles3. Maximum 2 page description of achievements and successes4. Two reference letters; these can be from a school teacher, advisor, counsellor, worker, or employer.5. Letter from a Social Worker verifying you are/ were a youth in care.6. Letter of acceptance from the school you plan to attend or recent transcript.

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:

**Dream Fund Selection Committee
Federation of BC Youth in Care Networks
500 – 625 Agnes Street
New Westminster, BC
V3M 5Y4**

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:	Type of Care: 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: _____

EDUCATIONAL GOALS:

Please list the post-secondary institutions you have applied to, been accepted, and plan to attend:

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 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: _____
 (If you have not received the funds indicate the amount stated on your notice of assessment)

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

If yes, did you receive it? Yes, Amount \$ _____ No (Why: _____) Date funds were received: _____
 *For more information about YEAF go to: www.aved.gov.bc.ca/studentservices/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 (Why: _____) 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 about bursaries check out our brochure and bursary chart at www.fbcyicn.ca/programs/education/

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

EXPENSES			SEMESTER EXPENSES
Housing	\$ _____ per month	x semester length =	Total \$ _____
Food	\$ _____ per month	x semester length =	Total \$ _____
Transportation	\$ _____ per month	x semester length =	Total \$ _____
Personal	\$ _____ per month	x semester length =	Total \$ _____
Fun	\$ _____ per month	x semester length =	Total \$ _____
Tuition & Fees	(one time) _____		Total \$ _____
Books & Supplies	(one time) _____		Total \$ _____
Utilities	\$ _____ per month	x semester length =	Total \$ _____
Other	\$ _____ per month	x semester length =	Total \$ _____
TOTAL EXPENSES			\$ _____
INCOME			
Work	\$ _____ per month	x semester length =	Total \$ _____
Other (AYA, etc)	\$ _____ per month	x semester length =	Total \$ _____
Student Loans	(one time) _____		Total \$ _____
Awards	(one time) _____		Total \$ _____
TOTAL INCOME			\$ _____
MINUS TOTAL EXPENSES:			-\$ _____
TOTAL SURPLUS/DEFICIT:			\$ _____

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 and how these people will support you to pursue post-secondary education (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 Essay

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 Essay

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 Essay

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? (optional)

(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 PROGRAMS/SERVICES WOULD YOU BE INTERESTED IN LEARNING MORE ABOUT?

- Education Local Development Power Pages Steering Committee Meetings Transitions Volunteering
- Leadership training Membership Employment Other (please specify): _____

COMPLETE APPLICATION CHECKLIST:

- Completed Application** (pages 3-7 of this document).
- My Educational Goals and Future Aspirations** essay.
- My List of Achievements and Successes** essay.
- My Challenges and Obstacles** essay.
- A completed **Education & Life Balance Plan**. (page 6)
- 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.fbcycn.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
500 – 625 Agnes Street, New Westminster, BC, V3M 5Y4

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

Youth in Care Program Manager – Dream Fund

dreamfund@fbcycn.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.