



CHIMO BURSARY INFORMATION

The **Chimo Youth Retreat Center** has established a bursary fund for former participants of Chimo. It is intended to provide financial support for those who choose to pursue post secondary training at a recognized and reputable institution. It is also intended to provide financial support to those who do not qualify for the Advancing Futures Bursary. Chimo will provide \$5000.00 annually to a pool of funds that may be utilized during that year. The amount of an individual bursary will depend on the number of qualified applicants. The maximum award per applicant is \$1000.00.

CRITERIA FOR APPLICANTS

- Past residents of Chimo 30 years of age and younger.
- Possession of a high school diploma or equivalent is required.
- Applicable to post secondary training for a minimum of one semester in duration.
- Based on the current calendar year.
- Individuals receiving Advancing Futures Bursary do not qualify for the Chimo Bursary
- Reapplication of former recipients maybe considered if appropriate criteria are met.
- The actual bursary monies will be issued after confirmation of enrollment.

APPLICATION PROCEDURES

1. Complete and submit the following documentation:

- Bursary Application Form
- Staff Nomination Form
- A short statement of the applicant's career plans and goals need to be included.
- Signed Applicant Declaration form

2. The Selection Committee will consider the applicant's financial need and aforementioned criteria.

3. Applicants will be notified of their status as soon as possible.



CHIMO BURSARY APPLICATION FORM (Page 1)

PERSONAL INFORMATION

Last Name _____

First Name _____

Street Address _____

City/Town _____

Province _____ Postal Code _____

Telephone Number _____ Email Address _____

Birth Date (day/month/year) _____

RECENT EDUCATION

Name of Last School Attended _____
(or the school you are currently attending)

ID Number _____ Type of School _____
(From the school named above) (i.e., high school, college, university)

School Address _____

PROPOSED POST-SECONDARY STUDIES

Which institution will you attend for the applying year? _____

Location of institution if outside of Alberta (please give complete address)

What program will you be enrolled in: _____

When will your program start: _____

When will your program end: _____

Post Secondary Student I.D. number: (if applicable) _____

CHIMO BURSARY APPLICATION FORM (Page 2)

FINANCIAL INFORMATION

Do you have any dependent children living with you? (circle) YES/ NO

If yes, how many? _____

NOMINATION FORM

Please have the attached Nomination Form completed by a Chimo staff who knows the applicant well. If you are having trouble contacting a Chimo staff member, please call our main office at 780-420-0324.

DECLARATION OF APPLICANT

I HAVE READ THE INSTRUCTIONS, AND HEREBY MAKE APPLICATION FOR THE CHIMO BURSARY, AND I DECLARE:

- (a) that I have answered all questions and that all information is true and complete;
- (b) that I propose to be a full-time student at the institution named for the period stated;
- (c) that should I withdraw from studies, I will notify Chimo;
- (d) that I grant permission for Chimo to request and receive information pertaining to my academic progress and post-secondary enrolment status.

SIGNATURE OF APPLICANT

DATE

YOUR APPLICATION MUST INCLUDE:

- APPLICATION FORM
- STAFF NOMINATION FORM
- STATEMENT REGARDING CAREER PLANS

If you do not include this information your application may not be accepted.

STAFF NOMINATION FORM

To be completed by nominating staff member
(Please type or print clearly)

PLEASE NOTE: THIS FORM SHOULD BE COMPLETED IN CONFIDENCE AND MUST BE SIGNED BY A CHIMO STAFF MEMBER.

Applicant Name: _____

Nominating Staff Member: _____

How long have you personally known this applicant? _____

How long has/was this applicant a Chimo participant? _____

How would you rate this applicant's need for financial assistance? Please explain.

Do you believe this applicant is an appropriate candidate for a Chimo bursary?
Please give reasons for your view.

Please provide any other information that the Selection Committee should consider regarding this application (e.g. single parent, financial needs etc.).

Name of the Staff completing this form: _____ Date: _____

Staff Signature: _____ Position: _____

Email completed application to mel@cyrc.ab.ca or mail/return the completed form to:

**Chimo Youth Retreat Centre
#103, 10585 - 111 Street Street
Edmonton, Alberta
T5H 3E8**