



BCN SPORTS CANADIAN SCHOLARSHIP APPLICATION

Please PRINT your answers.	
1.	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Last Name:</div> <div style="width: 45%;">First Name:</div> </div>
2.	Mailing Address Street: City: Province: Postal Code:
3.	Daytime Telephone Number: () Email Address:
4.	Date of Birth: Month Day Year Gender:
5.	Cumulative Grade Average: _____ Attach proof of grades. Your most recent school transcript is required.
7.	Name and location of School attending:
8.	A. List any academic honors, awards and membership activities while in school: B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities: C. List your non-school sponsored volunteer activities in the community:

DESIGNATED CONTACT (PARENT/GUARDIAN):	
Last Name:	First Name:
Street: City: Province: Postal Code:	
Daytime Telephone Number: () Email Address:	
Relationship to applicant:	



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For Financial Eligibility Parent/Guardian must provide TWO of the following documents:

- Notice of Assessment from previous tax year
- 3 months' worth of statements if you are receiving any benefits via the Federal Government (CPP, OAS, EI), Provincial government (ODSP, Ontario Works) or the city of Ottawa (EHSS).
- Banking statements from all personal assets (chequing, savings, RRSP, TFSA, etc...)

Financial Eligibility: Program Applicants must be in financial need. Use the Net Income (Tax Form Line 236) of both the Applicant and his/her family. Maximum allowable income may change based on family size (see chart below).

Family Size (Include Applicant, Spouse/Common-Law Partner & Dependents under 18)	Maximum Income Allowed	Check One Only
1 Person + applicant	\$22,920	<input type="checkbox"/>
2 People + applicant	\$32,413	<input type="checkbox"/>
3 People + applicant	\$39,698	<input type="checkbox"/>
4 People + applicant	\$45,839	<input type="checkbox"/>

Number of Dependent Children (under the age of 18):

Source of Income:	<input type="checkbox"/> Employment <input type="checkbox"/> CPP <input type="checkbox"/> OAS <input type="checkbox"/> ODSP/OW
	<input type="checkbox"/> Other (Specify):

*

Please list below all agencies contacted for financial assistance:

Funding Source:	Date of Application (mm/dd/yyyy):	Contact Name and Phone Number:	Amount Funded:
			\$
			\$



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BCN SPORTS CANADA INC. Privacy Statement

BCN SPORTS CANADA is committed to protecting the integrity and privacy of one's personal information under our control. BCN SPORTS CANADA staff and volunteers have been trained on these practices and procedures and they have signed confidentiality agreements. The personal information about you and your family member(s) is used for the purposes of:

- I. administering the grant, including processing your application(s) for funding assistance
- II. contacting you about the status of your application(s)
- III. providing information about BCN SPORTS Canada to you and others
- IV. Complying with the laws and regulations that require the collection, use and disclosure of personal information.

The personal information collected about you and your family member(s) includes information supplied by you in your application for funding assistance and any additional or updated information which we may collect from you in the future. BCN SPORTS CANADA has guidelines and procedures to govern the destruction of personal information. Care is exercised in destruction of personal information to prevent unauthorized access.

BCN SPORTS CANADA Release of Information

BCN SPORTS Canada is pleased to serve you. From time to time we are interested in receiving your feedback and would like to send you information to help us better serve you.

In the future, we may wish to contact you for one or more of the reasons listed below. Please check off those that you agree with. This will help us continue to offer you quality service and respect your privacy and personal wishes.

- ☐ To participate in surveys on services I receive from BCN SPORTS Canada.
 - ☐ To advise me of new information or services that may be of interest to me.
 - ☐ To provide me with a volunteer opportunity.
 - ☐ To obtain my opinion on services or policies.
 - ☐ Do not contact.
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Client Authorization

I hereby declare that the information I have provided in this application is accurate and without omission, and I authorize BCN Sports Canada to obtain or release personal information to process my request and to verify the information that I have declared in this application. I also declare that I have read and agreed to the Privacy and Release of Information statements contained in this document.

Name of Applicant (Please Print):

Signature of Applicant/ Guardian

Date (mm/dd/yyyy)

Mailing and Contact Information is:

BCN SPORTS Canada
Sports Scholarship Program
D1-1105 Crestlawn Dr,
Mississauga, ON
info@bcnsports.com

☐ Completed Applicant Assessment form

☐ Updated academic information

☐ Letter of Intention

☐ Proof of Income

** Please remove / black out Social Insurance Numbers (S.I.N.) from all submitted documentation.*

☐ Signature of Applicant /Guardian (Application must be at 16 years of age to sign.)

Toll Free Telephone:

Fax:

Website:

Email:

Use this checklist to ensure your application package includes: