

# BILL 7 AWARD 2019/2020 APPLICATION FORM

The Bill 7 Award is a scholarship for individuals with demonstrated financial need after accessing available public financial supports who meet **ALL** of the following criteria: who are attending or accepted by a Post-Secondary Educational Institution in the Province of Ontario; **who are pursuing their FIRST post-secondary program of study**; and who identify as lesbian, gay, bisexual, transgender, transsexual, two-spirited, and/or queer (LGBTQ). Please download or complete the necessary information in this application form and **ensure it is received, with supporting documentation, by 5:00pm on Friday August 2, 2019, addressed to:**

**Bill 7 Award**  
**c/o Supporting Our Youth, Sherbourne Health Centre**  
**333 Sherbourne St., 2nd Floor Toronto ON M5A 2S5**  
**or via email to [info@bill7award.ca](mailto:info@bill7award.ca)**

**PLEASE NOTE: ONLY COMPLETE APPLICATIONS WILL BE REVIEWED**

## PERSONAL INFORMATION

Legal Last Name:		Legal First Name:	
Preferred Last Name: <small>(if different)</small>	Preferred First Name: <small>(if different)</small>	Preferred Pronoun:	
Email Address:		Phone Number:	

How did you hear about the Bill 7 Award? (please check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> ScholarshipsCanada.com<br><input type="checkbox"/> Facebook<br><input type="checkbox"/> Instagram<br><input type="checkbox"/> Other website | <input type="checkbox"/> Internet search<br><input type="checkbox"/> My school / Guidance Counsellor / Teacher<br><input type="checkbox"/> Other _____ |
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**Please note: The Bill 7 Award will communicate with you via email at all times unless you specifically request that we send information to you via mail. If you wish to receive correspondence via paper mail, please check this box**

**Mailing Address: Current** **Permanent**  check here if same

Street:	
City/Town:	
Province:	
Postal Code:	

### Status in Canada

Canadian Citizen  Permanent Resident  [Protected Person](#):

*For tax purposes your Social Insurance Number (SIN) and permanent address must be provided should you be chosen as a recipient of the Bill 7 Award.*

**PROGRAM INFORMATION**

This is my **FIRST** Post-Secondary program: YES  NO

*If “No”, above, please note that the Bill 7 Award is available only to those pursuing their first post-secondary program.*

*Name of the Post-Secondary Institution you will be/are attending:*

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*Name of program:* \_\_\_\_\_ *Year of study (circle appropriate choice):*

	1    2    3    4    5
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*Percentage of course load you will be taking:*

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Would you like to be considered for a continuing, multi-year scholarship that would provide you with a scholarship each year until you complete your undergraduate program of study (up to 4 years) provided you continue to meet the following additional conditions? YES  NO

If yes, you must also meet all of the following additional conditions:

- Must have a minimum of two years remaining in the current program of study, including the 2019-20 academic year
- Must provide evidence of continuing financial need each year through submission of updated financial information
- Continue to carry at least a 60% course load in each academic year and remain in good academic standing in the program.
- Agree to provide an update at the Bill 7 Awards Presentation ceremony in each year of continuing support
- Successful recipients may be requested to meet with RBC representatives.

**FINANCIAL INFORMATION**

Are you applying for OSAP? YES  NO

It is expected that applicants demonstrating financial need will access available government student loans/grants.

**If YES, you must attach a print out of your OSAP estimate and/or loan confirmation.**

**If NO**, please elaborate:

Will you be declining the loan portion of your OSAP eligibility? YES  NO

**If YES**, please explain your reason for declining the loan portion:

Are you applying for other bursaries or scholarships? YES  NO

**If YES**, please list the other funding source(s) and amount(s):

Are you applying for a Student Line of Credit? YES  NO

**If YES, you must attach a print out of your loan confirmation.**

**If NO**, please elaborate:

Are you planning to work part-time during the academic year? YES  NO

**If YES**, please indicate how much you plan to save out of your earnings to contribute to your education

**If NO**, please explain why not.

Have you investigated the possibility of part-time employment with a Work Study program at your institution? YES  NO

ASSETS:

Do you own any of the following assets?

- Vehicle: YES  NO

If YES, please describe, including estimated value:

- Your own home: YES  NO

If YES, please describe, including estimated value:

- Registered Education Savings Plan (RESP), GIC, Registered Retirement Savings Plan (RRSP), Savings Bonds, Term Deposits, etc.: YES  NO

If YES, please describe each one (including their estimated value):

Do you currently have money available in savings? YES  NO

If YES, please provide estimated bank balance on all accounts as of September 2019:

Do you currently have student loan debt? YES  NO

If YES, please provide estimated loan balance as of September 2019.

Do you currently have other (non-student) loan or credit card debt? YES  NO

If yes, please provide and describe estimated loan and credit card balance owing:

Please ensure you provide an estimate of loan or credit card payments for 8 months in the expenses portion of the Personal Budget Information.

## PERSONAL BUDGET INFORMATION

Please note: The information you provide should reflect your total expenses for each line item for the **September to April 2019/2020** study period. **Please do not provide information on a monthly/per term basis.**

STUDY PERIOD INCOME	AMOUNT
OSAP Expected (please include both loan and grant amounts, even if you have declined the loan)	
Scholarships/Bursaries (do <u>not</u> include Bill 7 Award amount)	
Income from summer 2019 employment (net)	
Income from part-time employment (net) (2019-20 academic year – estimate)	
Child tax credit/GST rebates/orphan's benefits/ODSP or OW, (if applicable)	
Family support/Support payments received	
Withdrawal from Registered Education Savings Plan (RESP)	
Assets which can be liquidated (include any savings noted on page 4)	
Other income (not described above):	
<b>TOTAL INCOME</b>	

SCHOOL/LIVING EXPENSES FOR THE SCHOOL YEAR	AMOUNT
Tuition	
Books/Supplies	
Public Transit/Transportation <b>(\$1,100.00 maximum allowable)</b>	
Rent (including utilities)/ Residence Fees <b>(\$9000.00 maximum allowable)</b>	
Meal Plan (only if not included in your residence fees, above)	
Groceries <b>(\$3000.00 maximum allowable)</b> (only include if no meal plan is budgeted, above)	
Personal Expenses <b>(\$600.00 maximum allowable)</b>	
Child Care Expenses	
Loan Payments (estimate 8 months of payments)	
Credit Card Payments (estimate 8 months of payments)	
Other Expenses (not described above):	
<b>TOTAL EXPENSES</b>	

<b>Difference/Shortfall (Income minus Expenses):</b>	
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If any of your expenses exceed the maximums we have allotted, please explain:

If the difference between your income and expenses is in excess of \$3000.00, please describe how you plan to meet this shortfall:

**Additional Information** (Please read)

Any information that you wish to provide which you feel may be of assistance in assessing your application should be outlined in the space below. Particularly compelling or extenuating circumstances that you wish the committee to consider should be fully detailed:

***Please note: Should you be chosen as a recipient of the Bill 7 Award you will need to provide proof of enrolment in the form of a tuition receipt or statement (for both fall and spring terms), and confirmation of OSAP funding or loan proceeds before funds will be paid (in two instalments; one for each term).***

## COMMUNITY INFORMATION

How would you identify as a member of the LGBTQ Community?

Are you “out”? YES  NO

If YES, to whom:

Are you involved in any community groups? YES  NO

If YES, please describe:

## SUPPORTING INFORMATION

- In a **personal statement of 250 words or fewer** (1 page, type-written, double-spaced and in 12 point font), please tell us why you should be selected as the recipient of the Bill 7 Award.  
You may wish to consider how your studies or future work will contribute to the improvement of the LGBTTTQ community and/or provide us with any other information you feel we should know about you that will make you a good candidate – children, family, relationships, disabilities, experiences of discrimination, living situation, geographic context, etc.
- Please provide a **letter of reference** from a teacher, guidance counsellor, coach, employer, community or social worker, doctor, religious leader or similar professional who can support your application for this particular award. The reference letter should indicate how long and in what context the writer knows you and explain why you would be a good candidate for the Award.
- Please provide **proof of registration / acceptance** in an Ontario post-secondary program. Acceptable proof could be a copy of the confirmation of your offer of acceptance; proof of registration in the program; proof of payment of tuition; a copy of your offer of admission. If you are selected as a recipient, you must provide proof of active enrolment in your program before payment is issued.

**THE DEADLINE FOR THIS APPLICATION IS 5:00pm AUGUST 2, 2019**

**Only complete applications will be reviewed. A complete application MUST include the following:**

- A completed application
- Proof of registration/Acceptance from the post-secondary institution
- A copy of OSAP estimate
- Reference letter
- Personal Statement



*Thank you for your application. To help support the continued growth and success of the Bill 7 Award, we aim to publicly promote our scholarship recipients. The Bill 7 Award Trust will ask you to attend our public Awards Presentation Event. We may also ask you to provide a statement about the impact the award has had on your life, and/or to have your photo or statement included on our website, social media sites or other promotional material. We will assume your permission is granted, unless you indicate otherwise.*