

BILL 7 AWARD: 2009/2010 APPLICATION FORM

The Bill 7 Award is open to Ontario Residents only who are attending a Post-Secondary Educational Institution in the Province of Ontario; **who are completing their first post-secondary program of study**; and who identify as lesbian, gay, bi-sexual, transgender, transsexual, two-spirited, and/or queer (LGBTTTQ).

Please download/complete the necessary information in this application form and **ensure it is received by 5:00pm on Friday August 14, 2009, 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

PERSONAL INFORMATION

Last Name:
First Name:
Email Address:
Phone Number:

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 (or replace with an X if completing the form electronically).

Mailing Address

Street:
City/Town:
Province:
Postal Code:

Status in Canada

Canadian Citizen Permanent Resident Refugee Claimant:

Please note: For tax purposes your SIN number and permanent address must be provided should you be chosen as a recipient of the Bill 7 Award.

PROGRAM INFORMATION

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

Name of program and year of study:

Percentage of course load you will be taking:

FINANCIAL INFORMATION

Are you applying for OSAP? YES NO

If NO, please elaborate:

Are you applying for other bursaries or scholarships? YES NO

If YES, please elaborate:

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

Details:

If not, have you investigated the possibility of part-time employment with the Ontario Work Study Plan? YES NO

Do you have 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:

GIC, RRSP, Savings Bonds, Term Deposits, etc.: YES NO

If YES, please describe (including estimated value):

Do you currently have money available in savings? YES NO

If so, please provide estimated bank balance on all accounts as of September 2009:

PERSONAL BUDGET INFORMATION

*Please note: The information you provide should reflect your total expenses for each line item for the **September to April 2009/2010** study period. Please do not provide information on a monthly/per term basis.*

STUDY PERIOD INCOME	AMOUNT
OSAP Expected	
Scholarships/Bursaries	
Income from summer employment (net)	
Income from part-time employment (net)	
Child tax credit/GST rebates/orphan's benefits	
Family support/Support payments received	
Assets which can be liquidated	
Other income (not described above):	
TOTAL INCOME	

SCHOOL/LIVING EXPENSES FOR THE SCHOOL YEAR	AMOUNT
Tuition	
Books/Supplies	
Public Transit/Transportation	\$800.00 (maximum allowable)
Rent (including utilities)/Residence Fees	\$9000.00 (maximum allowable)
Groceries	\$2000.00 (maximum allowable)
Personal Expenses	\$600.00 (maximum allowable)
Child Care Expenses	
Loan Payments	
Credit Card Payments	
Other Expenses (not described above):	
TOTAL EXPENSES	

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

If the difference between your income and expenses is in excess of \$1000, please describe how you plan to meet this shortfall:

If you claimed a loan payment or credit card payments in your budget, please describe balance owings:

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: That should you be chosen as a recipient of the Bill 7 Award you will need to provide proof of enrolment and confirmation of OSAP funding.

COMMUNITY INFORMATION

How would you identify as a member of the LGBTTTQ 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 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.

If possible, but not required, please provide a letter of reference from a teacher, family member, guidance councillor, coach or friend who can support your application.

THE DEADLINE FOR THIS APPLICATION IS 5:00pm AUGUST 14, 2009