AMANDA’S GIFT APPLICATION FORM

Parts A, C, D and E of this form must be completed by the applicant. Please ensure your application is legible.

Part A – PERSONAL INFORMATION
All questions must be answered

Name:
Address:

City/Town: Postal Code:

Phone: E-mail Address:

Date of Birth: (Month/Day/Year)

Name of your former Child Welfare Agency:

Name of your former Social Worker(s):

Approximate length of time in care:

Approximate date of leaving care:

Adoption Status:  □ Not applicable
              □ Adopted from care    If yes, at what age? ____________________

How did you learn about Amanda’s Gift Bursary?

Have you received an Amanda’s Gift Bursary in the past? ________________________________

Do you qualify for the Educational Bursary Program for Youth in Care? __________________

This bursary is for youth in permanent care and custody. There is an extension to this program
for former youth in care who are between 19 and 24 years of age. If you think you may qualify
for this program, we encourage you to contact your former child welfare office for more
information.

If yes, or if you have any questions about how this program affects eligibility for Amanda’s Gift, please contact Jane Boyd Landry, Executive Director at the Council office (902) 422-1316
Part B – LETTER OF SUPPORT

Provide a letter of support with your application. The letter must be written by a professional who knows you fairly well. If you have applied to Amanda’s Gift in the past, you are encouraged to ask a new person to provide your reference letter for this application.

Possible references include:

- Social worker
- Counsellor
- Teacher
- Doctor
- Employment supervisor
- Foster parent
- Program advisor

Ensure letter is on business letterhead or includes sender’s contact information and position.

Reference information must include capacity in which reference knows you and at least two of the following:

- Interpersonal skills
- Goals
- Integrity
- Study skills
- Leadership abilities
- Ability to undertake the program
- Achievements

Support letter must be dated within 3 months of application date.

Without this letter, your application will be incomplete.
1. Describe the program you wish to attend.

   (a) Name of program:

   (b) Name of institution and location of program (e.g. NSCC Truro Campus)

   (c) Length of program:

   (d) Start date:

   (e) Program cost (please indicate if cost is per semester or per year):

       Tuition $____________

       Program Fees $____________

   (f) Related program expenses:

       Books $____________

       Equipment (if applicable) $____________

   (f) Other monthly expenses:

       Transportation $____________

       Living expenses (rent, food, etc.) $____________

       Child care (if applicable) $____________

       Other $____________

   (g) Please list all anticipated sources of income (scholarships, student loan, employment earnings, etc.):

   (h) Brief Description of the Program (2-3 sentences)
2. By applying for this bursary, it is evident you have plans for your future. Explain, in 3 or 4 sentences, how this program will prepare you for your future educational or career goals. If necessary, feel free to attach an additional page.

3. Explain how your personal achievements (example: completion of school, volunteer work, paid employment, awards, etc.) have helped prepare you for your future educational or career goals. If necessary, feel free to attach an additional page.

4. Please use this space to add any additional information you would like to share with the Amanda’s Gift Selection Committee.

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**Part D – CONSENT FORM**

I am currently being considered for an Amanda’s Gift Bursary, a program offered by the Nova Scotia Council for the Family for youth formerly in the care of Nova Scotia’s child protection services. I provide my consent for my former Child Welfare Agency to provide confirmation to the Nova Scotia Council for the Family of my previous care status.

Signature ____________________________________________ Date _________________

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**Part E – APPLICATION DECLARATION**

I declare that the information in this application form is accurate and complete.

Signature ____________________________________________ Date _________________

Would you like to be notified of other opportunities for former youth in care? □ Yes □ No
**CHECKLIST**

*Before sending in your application, here is a checklist to help you prepare. If you have any questions, please contact the Nova Scotia Council for the Family.*

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<tbody>
<tr>
<td>I am a youth formerly in the care of the Province of Nova Scotia’s child protection services (or will be at the time the bursary funds are issued).</td>
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<tr>
<td>I am in the 16 - 28 year age range (or was at the time of my initial application).</td>
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<tr>
<td>I have completed the application personally.</td>
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<tr>
<td>I have included a letter of support with my application.</td>
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<tr>
<td>I have completed the declaration, by signing and dating the application form.</td>
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*Completed applications, including a letter of support, must be received by the Nova Scotia Council for the Family on or before the application deadline. Please send to:*

**NOVA SCOTIA COUNCIL FOR THE FAMILY**  
SUITE 804, 1888 BRUNSWICK ST.  
HALIFAX, NOVA SCOTIA B3J 3J8

Fax: (902) 422-4012  
Email: Jane@NSCouncilFamily.org

You will be notified of the status of your request after the Selection Committee completes the review.