Ontario

MINISTRY OF THE SOLICITOR GENERAL

Constable Joe MacDonald Public Safety Officers' Survivors Scholarship Fund

APPLICATION FORM COMPLETE AFTER CONSULTING GUIDELINES.

SECTION A - APPLICANT INFORMATION

First Name:	Middle Name:	Last Name:

Date of Birth: Date	Date of Birth: Month	Date of Birth: Year (YYYY)

Address:

Address (cont'd):

City:	Province:	Postal Code:

Email:

Primary Phone Number:	Secondary Phone Number:	Other Phone Number:

Marital Status:	If you have children, please indicate how many.	If you have children, please indicate how many are under 18 years of age.

Emergency/Alternate Contact Information

First Name:	Last Name:	Relationship:

Email:

Primary Phone Number:	Secondary Phone Number:	Other Phone Number:

SECTION B - INFORMATION ON DECEASED PUBLIC SAFETY OFFICER

First Name:	Middle Name:	Last Name:

Place of Employment: (Service/Institution Name)

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SECTION B - INFORMATION ON DECEASED PUBLIC SAFETY OFFICER (cont'd)

Occupation:

Employment Address:

Address (cont'd):

City:	Province:	Postal Code:

Applicant's relationship to the fallen Public Safety Officer:	New Applicant:	Retroactive Claim:

SECTION C - EDUCATIONAL INSTITUTION/STUDIES INFORMATION

Enter Educational Institution Name:

Address:

Address (cont'd):

City:	Province:	Postal Code:

Undergraduate Program Name:

Year of Study:	Designation:	Duration of Program:	Status:	Type of Institution:

Type of Study:	If other, please indicate below how you are taking your program of study:

Indicate proof of study (e.g. Acceptance Letter). Note: A copy must be sent to the Ministry.

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SECTION D - LIVING SITUATION

Will you be living at your current residence as indicated on Page 1 during the school year?
If no, please type the address where you will be residing during the school year.
(Please send proof of residence. Example: copy of lease, telephone bill, cable bill, utilities bill, letter from parent/guardian, etc.)

Address:

Address (cont'd):

City:	Province:	Postal Code:

Distance Between Home Address (indicated on page 1) and Educational Institution:

SECTION E - EXPENSES

Beside each expense item below, please indicate the amount ($) you are requesting for your current school year.

Please indicate the number of month(s) you will be attending school during the current school year.

Expense Items	Amount Requested
Tuition	
Textbooks	
Shelter	
Food	
Miscellaneous (Clothing, Personal Care, Health Care Products, Household and Communication Expenses)	
Transportation	
Total	

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SECTION F - SCHOLARSHIP/BURSARY

Please list below all scholarships and/or bursaries you will receive this year. If this does not apply to you, please go to the next page.

#	Name of Scholarship or Bursary	Year Received	Total Amount Provided
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
Total			

Constable Joe MacDonald Public Safety Officers' Survivors Scholarship Fund Recipient Agreement

TERMS AND CONDITIONS

In consideration of receiving a scholarship, I _____ acknowledge and agree to the terms and conditions set out herein.

I undertake to provide to the Ministry of the Solicitor General (Ministry) all required documentation including (1) Tuition and Education Credit Certificate, (2) original, itemized receipts for textbooks and eligible living expenses, and (3) a transcript of my academic progress. I agree to provide additional information and/or documentation upon request by the Ministry.

I consent to the educational institution identified in Section C, releasing to the Ministry my personal information and educational record for the purposes of this application and Scholarship provided hereunder.

I understand that the Scholarship is provided on the basis of evidence of satisfactory academic progress for all years for which the Scholarship is provided. As such, I acknowledge that to maintain eligibilty and receive the Scholarship for subsequent years or semesters of study, I must maintain satisfactory academic progress and submit a transcript of my academic progress with any future application.

I undertake to advise the Ministry immediately of any changes to my contact information, marital status and/or educational status throughout the duration of the period that I am in the Scholarship program. I also agree to advise the Ministry when I have completed the funded year or semester. I will also advise the Ministry if I receive any other scholarship or bursary, and/or if there is a change concerning the receipt of other scholarships. I acknowledge that the Ministry requires these updates to accurately reflect my current status and that my Scholarship amount may be adjusted accordingly to reflect such changes. Additionally, if for any reason I do not complete the year or semester of study, I agree that I must immediately return the Scholarship funds to the Ministry. I also undertake to return any tuition money reimbursed to me by the educational institution.

I agree to complete and submit the required forms and substantiating original, itemized receipts at the completion of each academic term/semester or year, as required by the Ministry, so that the Ministry can reconcile my previous year's funding. I acknowledge that if I underspend my first instalment, the Ministry may deduct that amount from my second instalment. I acknowledge that the Ministry will reconcile my actual spending against my total approved amount for the school year and adjustments, if need be, will be made in the following year.

Upon completing my final year of study for which the Scholarship has been provided, I agree to submit expense receipts along with proof of completion of my program in order to complete my file and close my Scholarship account. I understand that if I received an overpayment for my final year, I am responsible for returning the amount of the overpayment to the Ministry, by cheque payable to the "Ontario Minister of Finance."

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Agreement to the Terms and Conditions

☐ By checking this box, I agree that I have read and understood the Constable Joe MacDonald Public Safety Officers' Survivors Scholarship Fund Guidelines and the Terms and Conditions of the Scholarship, and that the information that I have provided in the application is true and accurate. I understand that failure to comply with any terms, conditions, or undertakings may affect my eligibility for the Scholarship.

Agreement to the Proper Use of Funds

☐ By checking this box, I agree to use the approved Scholarship funds, only for the intended purposes (tuition, textbooks and eligible living expenses related to school) under the Scholarship fund. I agree to return to the Ministry any unused and/or misused funds. If I fail to return such unused and/or misused funds to the Ministry, I understand my account may be sent to the Ministry of Government and Consumer Services for collection.

Notice of Collection

☐ By checking this box, I understand that my personal information is being collected under the authority of the Scholarship. The personal information I supply will be used for administrative purposes of the Scholarship, including but not limited to, the assessment of my application, eligibility, record maintenance and administrative functions. My application will be kept in a confidential file for such period of time required by the Ministry. This information is being collected in compliance with the Freedom of Information and Protection of Privacy Act, 1990 of Ontario.

Date

Student Signature

Student Name (print)

Date

Witness Signature

Witness Name (print)