



# The Eva Smith Bursary Application Form

157 Adelaide Street West  
P.O Box 168  
Toronto, Ontario, M5H 4E7  
Canada

Name (Individual or Organization)

Address

City

Province

Postal Code

Phone Number

 (extn.)

Date of Birth (mm/dd/yy)

Sex

Male  Female

Next of Kin

Relationship

Phone Number

 (extn.)

Have you received or will be receiving another bursary this year? If yes, please specify

Yes  No

Under what category are you applying?

Justice  Single Parent  Student

**Fill in the categories below that apply**

**Justice System Applicants (Organizations Only) Proof of incarceration is required)**

Type of Organization

Inmate Operated  External Prisoner  Support  Other

If other, please specify

Number of years in existence

Provide details of group activity

**Justice System Applicants (Organizations Only) Proof of incarceration is required)**

How would the Bursary award contribute to your group's mandate?	Do you receive government funding? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<div style="border: 1px solid black; height: 138px;"></div>	Which institution were/are you imprisoned?					
	<div style="border: 1px solid black; height: 55px;"></div>					
	Date of Release (mm/dd/yy)					
	<table border="1"><tr><td style="width: 20px; height: 17px;"> </td><td style="width: 20px; height: 17px;"> </td></tr></table>					

**Single Parent Applicants**

How many children do you have and what are their ages?
<div style="border: 1px solid black; height: 18px;"></div>

**Student Applicants - Post Secondary Students**

Name of the institution and year presently in
<div style="border: 1px solid black; height: 18px;"></div>
Program enrolled in
<div style="border: 1px solid black; height: 18px;"></div>
In paragraph form provide details on your extra-curricular activities on another sheet

**Student Applicants - High school Graduates**

Name of the last high school attended and grade completed
<div style="border: 1px solid black; height: 18px;"></div>
Have you applied to a post-secondary institution/trade school?
<div style="border: 1px solid black; padding: 2px;">Yes <input type="checkbox"/> No <input type="checkbox"/></div>
If yes, what institution(s) and for what program(s)?
<div style="border: 1px solid black; height: 87px;"></div>
In paragraph form, provide details on your extra-curricular activities on another sheet

**Please provide answers to the following questions (1-2 paragraphs)**

Outline your community/ volunteer involvement

Briefly express any additional information regarding your situation, activities, goals and achievements

How will your education benefit the African Canadian community?

*Your complete package must include three (3) copies of the following*

- Completed application form
- One official academic transcript and two(2) photocopies
- Two letters of reference
- Any other relevant information regarding your academic achievement and community service

By signing below, I affirm that the provided information is true and correct

Signature

Date

| | | | | |

**Address**

157 Adelaide Street West, P.O Box 168, Toronto, Ontario, M5H 4E7

*Return this application to the above address by August 15th or the last business day of this week*

*Thank you for your interest in the Eva Smith Bursary. Please note that only those selected for an interview will be contacted*