



Fleming College

HALIBURTON SCHOOL OF THE ARTS Outstanding Emerging Artist Entrance Scholarship *Student Application Form 2012*

Three scholarships will be available annually. Two \$1000 one year scholarship(s); one committed to (PCVS) in Peterborough and the other to be committed to H.B. Secondary School in London. The third scholarship will be for \$1,500 x 2 years and committed to Haliburton Highlands Secondary School.

Scholarship Criteria:

- Eligible applicants must be graduating from Haliburton Highlands Secondary School, P.C.V.S in Peterborough or H.B. Beal Secondary School in London
- Eligible applicants must **demonstrate artistic commitment and direction**
- have a high level of artistic skill and direction
- Eligible applicants must enrol in the Visual and Creative Arts diploma program at Fleming College's Haliburton Campus.
- Each applicant is required to provide two letters of reference as well as a completed application form and covering letter. References should be from such as clergy, employer (past or present), or community leader art instructor or gallery. References may be faculty, former teachers, community associates, former employers, etc., but **MAY NOT** be family members or personal friends.

Application Process

Students will be required to complete an application along with detailed references regarding their artistic **commitment and direction** and ability. Application deadlines will be in line with the OCAS application cycle.

Selection Process

Registrar's office will confirm student's eligibility for entrance into their selected program. Those eligible will have their applications forwarded to the Haliburton Award Selection Group for ranking. Top candidate will be notified by Haliburton Campus Principal.

Additional Instructions:

- Read all instructions throughout application carefully
- For any of the sections of the application, please attach an additional page if extra space is needed.
- Please also provide any supporting documentation where possible
- Please note, only complete and legible applications will be submitted to the selection committee for review
- Complete application and all attachments should be mailed:

HSTA Outstanding Emerging Artist Scholarship
c/o Advancement and Alumni Relations, Fleming College
297 College Drive Box 839, Haliburton, Ontario K0M 1S0

Or, faxed to: (705) 457-2255

Your completed application form must be received by the Haliburton Campus or Advancement and Alumni Relations office no later than: June 15th, 2012

**HALIBURTON SCHOOL OF THE ARTS
FACULTY ART AUCTION BURSARIES**

Section 1: PERSONAL INFORMATION

Last Name _____ First Name _____

SIN # _____ Fleming Student # _____

Program _____ Semester _____

Born in Ontario? Yes No If no, moved to Ontario as of: _____Canadian Citizen or Permanent Resident? Yes No **Current Address:** Street: _____ Apt. _____

City _____ Province _____ Postal Code: _____

Phone Number () _____ E-mail Address: _____

Please Check all statements that apply to you:

- Single student living away from home during the school year
- Single student living at home during the school year
- I have been out of high school for 4 years or more
- Single student with dependent children. Number of dependent children _____
- Married or common-law student (with or without children). Number of dependent children _____
- Is your spouse attending post-secondary studies full-time? Yes No

FOR OFFICE USE ONLY:**Application # Assigned by Office:** _____ **Date Application Received:** _____**Date of Review:** _____**Result:** _____

Section 5: FINANCIAL ASSISTANCE: Please complete the budget form below and where indicated please note if you have or have not applied for the various sources of funding for the 2012-13 academic year.

<u>Liabilities:</u>	<u>Balance Owng</u>	
Bank Loan	_____	
Student Line of Credit	_____	
Other Personal Loan	_____	
Previous OSAP	_____	
Credit Card	_____	
<u>Assets:</u>	<u>Total Value</u>	
Bank Account Balance	_____	
Investments (GIC, bonds, etc.)	_____	
Other assets (Please specify): _____	_____	
<u>Income for Current Academic Year (8 Month Period)</u>	<u>Total Value</u>	<u>Applied For</u>
OSAP Total (loans/grants)	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Scholarships and Bursaries	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parental / Family Contribution / Support Payments	_____	
Employment Income while in school (\$/month x 8 months)	_____	
Registered Education Savings Plan (RESP)	_____	
Savings towards current year's expenses	_____	
Other income (Please specify): _____	_____	
Total Income:	_____	
<u>Expenses for Current Academic Year (8 Month Period)</u>	<u>Total Value</u>	
Tuition & Ancillary Fees	_____	
Textbooks & Supplies	_____	
Rent (\$/Month = _____)	_____	
Groceries (Number of People _____)	_____	
Support Payments (Number of Children _____)	_____	
Childcare Costs	_____	
Utilities	_____	
Laundry	_____	
Transportation Bus	_____	
Transportation Car	_____	
Insurance (Car etc.)	_____	
Internet Service	_____	
Entertainment / Personal Items / Clothing	_____	
Medical Expenses	_____	
Total Expenses:	_____	

Section 8: Authorization for Release of Personal Information

Pursuant to sections 21(1) and 42 of the Freedom of Information and Protection of Privacy Act, I authorize Fleming College to release the following personal information to the person(s) or organizations(s) listed below.

This will, in addition, authorize the persons or organizations listed below to collect such information.

This authorization will remain in effect for the following time period: **April 1, 2012 to April 1, 2013**

Personal information to be released:

My program registration information, as required to determine my eligibility for the Fleming College bursaries and awards for which I have applied.

Please note that information contained on this form will be shared with the College's Financial Aid Department.

This information is to be released to: **Research & Stewardship Officer, Advancement and Alumni Relations, Fleming College – (705) 749-5530.**

I have read and completed the bursary application and confirm that the information provided is correct.

Signature

Date

Print Name

Student Number

May we contact you, if necessary, to discuss your application further?

Please check one: YES NO

IMPORTANT: *YOUR APPLICATION FORM MUST BE SIGNED AND DATED IN THE SPACE PROVIDED ABOVE.*

PLEASE MAIL **YOUR COMPLETED APPLICATION** (including reference letters and any other information) TO:

HALIBURTON SCHOOL OF THE ARTS
Outstanding Emerging Artist Scholarship
297 College Drive Box 839
Haliburton, Ontario K0M 1S0

Or Fax: (705) 457-2255

***WE WISH TO THANK ALL APPLICANTS FOR THEIR INTEREST.
HOWEVER, ONLY SUCCESSFUL APPLICANTS WILL BE CONTACTED.***