

## Minerva Foundation for BC Women

### Minerva Cares Education Award Award Application Form

Award Amount: Four awards of \$1,000

**Application Deadline: June 16, 2014**  
(Applications must be in the mail by June 16, 2014)

Complete and return application by mail to:  
Minerva Foundation for BC Women  
Attn: Jo-Anne Lauzer, Education Awards  
Program Manager  
320 - 111 West Hastings Street  
Vancouver BC V6B 1H4

Ph: 604-683-7635 ext 227  
Fax: 604-683-7695  
[educationawards@theminervafoundation.com](mailto:educationawards@theminervafoundation.com)  
[www.theminervafoundation.com](http://www.theminervafoundation.com)

The Minerva Foundation for BC Women is building a sustainable community of women leaders. Minerva's education awards target women who will have the most impact in their work or community, and those in fields or demographic groups who are currently underrepresented in leadership roles.

**Eligibility and Selection Criteria:** The purpose of the award is to support eligible caregivers who wish to upgrade their skills or advance their education at an accredited British Columbia public or private institution in either full-time or part-time programs. The Minerva Foundation will grant one award of \$1000. Award funds can also be used for English classes, driving lessons (\$500 per recipient), relicensing, and course prerequisites.

To be eligible for the award, a recipient must:

- be a female resident of British Columbia
- have at least one year of experience as an employed caregiver (e.g. eldercare, childcare) in Canada
- demonstrate financial need
- meet at least one of the following criteria:
  - a single mother advancing her education
  - a mature woman returning to the workforce after a long absence
  - an immigrant or an Aboriginal woman overcoming educational barriers
  - a woman with a disability overcoming educational barriers

**To help us evaluate your application, please include the following documents:**

- This application form completed and signed.
- Two letters of reference, signed and sealed, preferably from an academic professional, your employer or/and volunteer supervisor.
- A cover letter (a two-page personal essay), which describes why you require this financial assistance; how you meet the eligibility and selection criteria; and how you would use this award to upgrade your skills and improve your economic situation.
- A resume listing your career goals, academic achievements, volunteer and work experience.

**Please do not staple your application form.  
Incomplete applications will not be considered.**

<b>PERSONAL INFORMATION</b>			
Social Insurance Number:			
Name:			
Phone:		Email:	
Current Address:			
City:	Province:	Postal Code:	
Will this be: Your parent's home <input type="checkbox"/> University residence <input type="checkbox"/> Rented <input type="checkbox"/> Self-owned			
BC Residency. Have you: <input type="checkbox"/> lived in BC for the past 12 continuous months <input type="checkbox"/> arrived in BC as a permanent resident or landed immigrant Year _____			
Date of Birth (YYYY-MM-DD):		Place of birth:	
What is your Marital Status:  <input type="checkbox"/> Single <input type="checkbox"/> Married/Common-Law <input type="checkbox"/> Widowed <input type="checkbox"/> Separated/Divorced		If Married or Common-Law, please provide:  Spouse's name:  Spouse's Occupation:  Spouse's Social Insurance Number (if applicable):	
Number of dependents in your custody:			
6 & under	Ages 7 – 11	Ages 12 –18	Ages 19 –22 in Full-time studies
How many of your children live outside Canada?			
Please select all those that apply: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Recent Immigrant (year of immigration _____) <input type="checkbox"/> Disability Have you previously received any Minerva awards? Yes <input type="checkbox"/> No <input type="checkbox"/>			

The Minerva Foundation complies with the Freedom of Information/Protection of Privacy legislation of the Province of British Columbia. Information collected on application forms is used in the normal course of operations in accordance with this legislation.

**CAREER INFORMATION**

What is your current employment?

Employer's Name	Period of Employment	Employer's Contact Information

What is your caregiver's professional experience?

Caregiver Employer's Name	Period of Employment	Caregiver Employer's Contact Information

## EDUCATION INFORMATION

What is your highest level of education?

- Graduate school
- Undergraduate degree or diploma
- High School diploma
- Trade School certificate (describe \_\_\_\_\_)

Last high school attended:

City, Province, Country:

If BC, School district number:

Date of Graduation (MM/YY):

**List all of post-secondary education (do not include elementary or high school)**

What was the name of the school?	City, Province, Country	Date of completion	What is the name of the degree/diploma you earned?	What Department were you studying in? (e.g. nursing, accounting)

**List the name of the school and the program that you intend to study or are studying in if you are approved for a Minerva Award:**

Where do you intend to study/are studying?	City, Province/ Country	When will you start/have started the course?	In what department will you be/are studying?	What is the name of the course you wish to take/are taking?

**IMPORTANT:** You will need to register for a course within eight months after being informed that you have received a Minerva Award. The award cheque will be sent directly to your student account at the educational institution or a cheque will be issued directly to you once the Minerva Foundation has received your official registration receipt.

<b>FINANCIAL NEED</b>
Have you applied or will you be applying for a student loan or grant for the academic period indicated below? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list the government, agency or bank that will be providing you with a loan:

**MONTHLY BUDGET**

<b><u>INCOME ITEMS</u></b>	\$
Net income (monthly)	
Spouse's net income (monthly)	
Student Loans	
Income from pension (including CPP)	
Employment Insurance/Worker's Comp. benefits	
Other earnings -	
- Public Assistance	
- Alimony support	
- Other	
<b>Total Monthly Income (A)</b>	-

<b><u>EXPENSE ITEMS (PER MONTH)</u></b>	\$
School Tuition (annual amount divided by 12 months)	
School Supplies (books, etc)	
Rent/mortgage	
Room & Board	
Utilities (gas, hydro, water)	
Telephone	
Food	
Prescription Drugs	
Child Care	
Medical expenses (including dental)	
Clothing	
Laundry/Dry Cleaning	
Toiletries	
Haircuts	
Recreation/Entertainment	
Children's Activities or Support Payments	
Life Insurance	
Transportation (other than auto)	
Other (specify)	
<b>Total Monthly Expenses (B)</b>	-

**DECLARATION TO BE COMPLETED BY ALL APPLICANTS**

I hereby declare that all information given above is complete and true to the best of my knowledge. I consent to the disclosure of information on this form to other educational institutions and the Student Services Branch of the Ministry of Advanced Education, Training and Technology when necessary to verify information. I understand failure to provide my consent or misrepresentation may result in cancellation of this application or the award I may receive.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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