

POST-CARE TUITION WAIVER APPLICATION

This program is aimed at removing barriers to post-secondary education by covering one hundred per cent of tuition and mandatory fees for students formerly in care in the Nova Scotia child welfare system. A pilot phase of the program will start in January 2023, with a full program launch in September 2023. This program will support up to 20 students, and each student will be provided academic supports, success coaching, as well as the option for personal counseling and additional support services.

ELIGIBILITY

- You have lived a minimum of one year (cumulative or consecutive) in care with the Nova Scotia child welfare system – including Mi'kmaw Family and Children's Services of Nova Scotia – as defined by the Children and Family Services Act, 2017.
- You are registered in, or gained admission into, an undergraduate degree program at Cape Breton University for the upcoming academic year.
- You must demonstrate financial need through a disclosure of resources.
- You must not be receiving full educational funding through the Nova Scotia Department of Community Services, or any other organization.
- Preference will be given to students completing their first undergraduate degree. If you have completed other post-secondary education, your application will be reviewed for eligibility. Students who have completed NSCC's College to University Transfer programs will be eligible.
- You must consent to a release of information for verification purposes of your time in care.

If you have any questions regarding eligibility, please contact Sheryl Trimm at sheryl_trimm@cbu.ca for more information.

The deadline to apply for the 2024 Winter semester is **May 31, 2023**.

Send completed applications to:

By email: sheryl_trimm@cbu.ca

Or mail:

Cape Breton University
Attn: Sheryl Trimm
1250 Grand Lake Road
Sydney, NS B1M 1A2

SECTION 1 - PERSONAL INFORMATION

First Name: _____

Last Name: _____

CBU Student ID Number: _____

CBU Program: _____

Date of Birth: _____

Address: _____

Email: _____

Phone Number: _____

SECTION 2 - EDUCATION

Please list any post-secondary institutions previously attended.

Institution Name	Years Attended	Program	Date of Completion
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 3 - FINANCIAL INFORMATION

Please list the amounts of any funding you will be receiving during the academic year (such as scholarships, bursaries, band sponsorship, Employment Insurance benefits, etc.)

Have you applied for, or accessed, any loans and/or grants?

Provincial Full-Time Student Loan/Grant: Yes No

Provincial Part-Time Student Loan/Grant: Yes No

Please provide details explaining why you should be considered for financial assistance. If necessary, please attach additional information on a separate sheet.

SECTION 4 - EXTENUATING CIRCUMSTANCES

If you do not meet the criteria outlined on page 1 of this application, provide comments supporting why you should be considered for CBU's Post Care Tuition Waiver Program. If necessary, please attach additional information on a separate sheet.

SECTION 5 - DECLARATION

- I understand that my signature below means that:
- I certify that all the information provided is complete and accurate.
- The PCTWP coordinator may review personal and demographic information as submitted to CBU during the program application process.
- If I do not provide complete, accurate information, I may not receive, or may stop receiving support under the CBU Post Care Tuition Waiver Program.
- I will notify CBU in writing of any changes in my contact information, financial situation, or enrolment.
- I agree to maintain continued contact with the University and officials who administer the program.
- I consent to a release of information verifying my time in care.

Authority to collect: The information included in this form and authorized herein is collected for the purpose of determining eligibility for a benefit under the Cape Breton University Post Care Tuition Waiver Program. Any questions about the collection, use or disclosure of this information should be directed to the program coordinator by email.

By checking here and typing my full name below, I am electronically signing my application.

First Name (Please Print): _____ Last Name: _____ Date: _____

Or

Signature: _____