

The Ontario Federation of Independent Schools

CHARITABLE TRUST Scholarship and Bursary Application Form

The OFIS Charitable Trust seeks to improve the quality of education that is provided in Ontario's independent schools by providing financial assistance for the training of teachers and administrators who are employed or plan to be employed in schools that are not publicly funded.

Scholarship and bursary funds are available to applicants for tuition funding to attend approved programs and courses on the basis of financial need, compatibility with the applicant's existing education, and their background in the field of education. Applicants may be employed by a charitable, not-for-profit, or for-profit independent school, or if not currently employed by an independent school, must demonstrate intent to teach in or administer an independent school. However application may be made only by an individual or on their behalf by a charitable educational institution.

ALLOW AT LEAST ONE MONTH'S LEAD TIME TO ALIGN WITH THE COURSE YOU WISH ASSISTANCE WITH.

APPLICANT INFORMATION							
Last Name:			First Nan	First Name:			
Current Address:							
City:				Prov:	PC:		
Email:			Phone:				
PROVIDE A P	PARAGRAPH E	XPLAINING WHY	YOU ARE APP	PLYING FOR FINA	NCIAL AID		
EDUCATIONAL BACKGROUND							
Please list the last three schools, colleges, or universities that you have attended							
NAME OF INSTITUTION	FROM (mm/yy)	TO. (mm/yy)	PROG	GRAM	Degree/Diploma Granted		

All collected information will be held in strict confidence in compliance with the OFIS Privacy Policy

OFIS Trust 291A Jane St. Toronto, ON M6S 3Z3 OFIS Charitable Trust # 83452 3680 **Trustees** Glen Woolner John DeGroot Amanda Dervaitis *Ex Officio*

ASSOCIATED IN	DEPENDENT	EDUCATIO	NAL INSTITU	ΓΙΟΝ			
Should you not be associated with any inc	dependent sch	ool at this tim	e, please check	here 🗆			
School Name:							
Address:							
City:			Prov:	PC:			
Relationship of the applicant to this ir	stitution:						
This school is: Charitable Not-for-Profit For-Profit (Please circle one)							
Principal's Name:							
Email:			Phone:				
A Letter of Reference from an Admir of your school's support and know IDENTIFY COURSE F	wledge. Plea	se attach a s	ingle page ty	ped Reference Letter.			
Program:							
School/Institution:							
Start Date:		End Date:					
ESTIMA	TED EXPENS	ES (IN CANAD	IAN FUNDS):				
Tuition Fees Books Tools/Instruments/Lap Top Room and Board Transportation Total Expenses:	\$ \$ \$ \$ \$						
BURSARY AMOUNT REQUESTED	\$						
APPLI	CANT'S PER	SONAL STAT	EMENT				
The purpose of the purpose of the purpose of the opportunity to lear Please attach a single typed p and your intentions to contributed the section of the	n more abou bage describi	it you and yo ng your rease	ur educationa ons for applyir	l goals. ng for this bursary			
I hereby certify that: To the best of my knowledge and b or electronically provided, is accura			-	-			
Signature of Applicant		Da	te				

All collected information will be held in strict confidence in compliance with the OFIS Privacy Policy

OFIS Trust
291A Jane St.
Toronto, ON M6S 3Z3
OFIS Charitable Trust # 83452 3680