



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.

APPLICANT INFORMATION				
Last Name:		First Name:		
Current Address:				
City:		Prov:	PC:	
Email:		Phone:		
PROVIDE A PARAGRAPH EXPLAINING WHY YOU ARE APPLYING FOR FINANCIAL 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)	PROGRAM	Degree/Diploma Granted

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

OFIS Trust
 101 Holiday Inn Dr., PO Box 29011,
 Cambridge, ON, N3C 0E6

OFIS Charitable Trust # 83452 3680

Trustees
 Glen Woolner
 John DeGroot
 Barbara Brown
 Annette Minutillo
 Barb Bierman *Ex Officio*

ASSOCIATED INDEPENDENT EDUCATIONAL INSTITUTION		
Should you not be associated with any independent school at this time, please check here <input type="checkbox"/>		
School Name:		
Address:		
City:	Prov:	PC:
Relationship of the applicant to this institution:		
This school is: Charitable Not-for-Profit For-Profit (Please circle one)		
Principal's Name:		
Email:	Phone:	
Letter of Reference enclosed Yes No		
IDENTIFY COURSE FOR WHICH ASSISTANCE IS BEING REQUESTED		
Program:		
School/Institution:		
Start Date:	End Date:	
ESTIMATED EXPENSES (IN CANADIAN FUNDS):		
Tuition Fees	\$ _____	
Books	\$ _____	
Tools/Instruments/Lap Top	\$ _____	
Room and Board	\$ _____	
Transportation	\$ _____	
Total Expenses:	\$ _____	
BURSARY AMOUNT REQUESTED	\$ _____	
APPLICANT'S PERSONAL STATEMENT		
<p>The purpose of this Personal Statement is to give Trustees an opportunity to learn more about you and your educational goals.</p> <p>Please attach a single typed page describing your reasons for applying for this bursary and your intentions to contribute to the educational excellence of independent schools.</p>		
<p>I hereby certify that:</p> <p>To the best of my knowledge and belief, all of the information provided, whether written, printed or electronically provided, is accurate and complete, and is not misleading or false.</p>		
Signature of Applicant	Date	

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