



Description:

The Apprenticeship Bursary Fund has been established in order to assist apprenticing students with their day-to-day costs so that they can focus on learning. The fund was set up by family and friends in memory of the late Robert Fletcher. Bob worked as an electrician for over fifty years in the Orillia and Muskoka area. A hard-working, honest, and reliable man, Bob was an excellent and tough teacher to those whom he mentored and taught. Many of his apprentices have described him as a positive influence, instilling in them a remarkable work ethic and a strong commitment to the job.

Selection Criteria:

The purpose of this Fund will be to support charitable purposes and activities of the Foundation and of qualified donees whose purposes are consistent with the objects of the Foundation and, in particular, to provide a bursary to an apprentice who is entering or has completed at least their first year of HVAC, electrical, or plumbing apprenticeship training and who is completing this training in either the geographical boundary served by the CFOA or in Muskoka, Ontario.

Selection Process:

Students will be asked to submit an Apprenticeship Bursary Application Form, with a resume and two letters of reference. The submissions will be reviewed by a selection committee representing the Community Foundation of Orillia and Area and the family of Robert Fletcher. Applications are assessed financial need, references, career plans, and personal circumstances. All decisions made by this committee are final.

NOTE: The bursary may not be deferred and must be applied to further education in the year it is awarded.

Forward application to: The Community Foundation of Orillia and Area
 P.O. Box 622
 22 Peter Street South,
 Orillia, Ontario L3V 7A3

Telephone: 705-325-4903 Ext 207
E-mail: info@communityfoundationorillia.ca

Apprenticeship Bursary Fund: APPLICATION FORM



THE COMMUNITY
FOUNDATION
OF ORILLIA AND AREA

APPLICANT'S DATA

Name:

Address:

City or Town:

Postal Code:

Telephone: Day:

Evening:

E-mail:

Educational Institution:

EMPLOYER'S DATA

Business Name:

Address:

City or Town:

Postal Code:

Telephone: Day:

Evening:

E-mail:

Website:

CAREER GOALS

Describe your long-term goals and career objectives.

FINANCIAL NEED

Please make a statement explaining why these bursary monies are needed to successfully complete the applicant's apprenticeship training.

Please include a resume and two letters of reference with this application form. Applicants may choose to attach additional information to support the application.

Applicant's Signature

Date

Apprenticeship Bursary Fund: APPLICATION FORM



THE COMMUNITY
FOUNDATION
OF ORILLIA AND AREA

FINANCIAL STATEMENT

Please complete the following Statement of Income and Expenses:

INCOME (AVERAGE MONTHLY)	
Total of all savings at the beginning of your apprenticeship period	\$
Awards, scholarships, bursaries	\$
Net income from work during apprenticeship period	\$
Spouse's net income during apprenticeship period	\$
Government benefits (specify source: E.I., W.S.I.B., C.P.P., etc.)	\$
Child Tax Benefit	\$
Any other income of financial assistance (specify source: alimony, rental income, financial support from parents or relatives, etc.)	\$
TOTAL EXPECTED INCOME	\$

EXPENSES (AVERAGE MONTHLY)	
Books and Supplies	\$
Rent	\$
Food, household, and personal	\$
Utilities (gas, electricity, water, etc.)	\$
Telephone, cable, and internet	\$
Local travel (gas, transit)	\$
Child care costs (if relevant) for children aged 11 years or younger	\$
Other expenses (please specify)	\$
TOTAL EXPECTED EXPENSES	\$

Applicant's Signature

Date