



# Jane Sleep Bursary Application

*The Jane Sleep Bursary was established in 2020 to recognize the contributions of Jane Sleep, the very first Executive Director of Jennifer Ashleigh Children's Charity, who remained at the helm of the charity for more than 30 years. Jane believes that all children should be given every opportunity to reach their full potential.*

*JACC would not be where it is today without Jane's unparalleled leadership and dedication to the children and families we serve.*

## **Eligibility**

To be eligible, the applicant must meet the following criteria:

- Applicant must have been previously assisted by JACC;
- Applicant must be pursuing post-secondary education/training/certification leading to employment or independent living;
- Applicant must provide proof of enrollment (for multi-year programs), or proof of completion (for a program that is less than one year in duration)

Timeline: Applications open June 15<sup>th</sup> and close August 9<sup>th</sup>, 2021

A successful applicant can only receive the bursary once but may re-apply in subsequent years if not selected.

## **Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City Province Postal Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### ***History of your relationship with JACC:***

Diagnosis  
background: \_\_\_\_\_  
\_\_\_\_\_

**Most Recent Education Information**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Diploma: \_\_\_\_\_

**Post-Secondary Course Information**

College/  
School: \_\_\_\_\_ Address: \_\_\_\_\_

Course/  
Field of Study: \_\_\_\_\_ Course Length: \_\_\_\_\_

First year of study  
underway?    YES    NO  
                       

***Please outline what your costs will be for this program (include all associated costs such as tuition, books, parking/transportation etc.):***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Have you applied for/received any other scholarships or financial help towards this program? If so, please describe including amounts already received or awarded:***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Tell us about your plans. What are you hoping this course of study will do for you in the future? (You may also include a brief 2-3 minute video with this application if desired).***

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\_\_\_\_\_

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*I understand that should I be awarded the Jane Sleep Bursary, I give my express permission to Jennifer Ashleigh Children's Charity to share my story and/or image on their website, social media channels, newsletter, etc.*

*I understand that false or misleading information in my application may require repayment of any bursary amount being awarded.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_