



## The H.O.P.E. Bursary in honour of Steve Montador

The H.O.P.E. Bursary in honour of Steve Montador was established to support students transitioning from high school to college/university that are suffering the long-term effects of a sports-related concussion and require a reduced academic course load as result of injury. **Applications will open March 24<sup>th</sup> and close on May 1st 2023 at midnight.** All applicants will be reviewed by a committee consisting of H.O.P.E., Team 55, Your Family Health Team Foundation, and the Canadian Mental Health Association (CMHA). All applicants will be notified of their status by May 20th, 2023.

Please return completed form to Vince Bierworth, Executive Director of the GPHSF, Your Family Health Team Foundation. It can be emailed to [Vince@GPHSF.ca](mailto:Vince@GPHSF.ca), or call (705) 740-8074 ext. 300 to make alternate arrangements.

### To be considered for the Bursary, you need to be:

- A student at a Peterborough City/County-based high school and registered in a first-year program at college/university
- Suffering from post-concussion syndrome sustained from a sports-related injury
- Be in satisfactory academic standing
- Have financial need

### Required Documentation

- A reference from a former coach for good sportsmanship
- A doctor's note outlining your need for a reduced academic work load
- Submit the full application which will be available here on March 24<sup>rd</sup> 2023

### Section A: Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone Number: (        ) \_\_\_\_\_ Email: \_\_\_\_\_

### Section B: Dependent Student

Parent's Marital Status:  Married/Common Law     Single     Divorced     Widowed     Separated

Number of Dependents (including applicant) \_\_\_\_\_

Number of Dependent in post-secondary education \_\_\_\_\_

**Parent/Guardian 1 Actual Income**

**Parent/Guardian 2 Actual Income**

Line 150 on 2021 Tax Return \_\_\_\_\_

Line 150 on 2021 Tax Return \_\_\_\_\_

Line 236 on 2021 Tax Return \_\_\_\_\_

Line 236 on 2021 Tax Return \_\_\_\_\_

Parent 1 Other Income \_\_\_\_\_

Parent 2 Other Income \_\_\_\_\_

*(ie. non-taxable income, foreign income, lottery winnings, insurance payouts)*



### Section C: Income Source

If the main source of parent(s)' income is provincial social assistance, please specify:

- Ontario Disability Support Program
- Ontario Works
- Family Benefits
- Other – Specify: \_\_\_\_\_

### Section E: Declaration and Consent for Parents

I authorize H.O.P.E. to release a copy of this application to the appropriate selection committee(s) and to the award recipient, including copies of any income information attached to this application.

I understand that the collection of personal information provided on this application or accompanying documentation is used solely for the purpose of determining eligibility for bursary assistance and verifying income information.

I declare that all of the information that I have given on this form is complete, true and accurate. If any information is inaccurate, I understand that any bursary awards may be reassessed and/or withdrawn.

Parent/Guardian 1 Signature \_\_\_\_\_  
Date: \_\_\_\_\_

Parent/Guardian 2 Signature \_\_\_\_\_  
Date: \_\_\_\_\_