



Canadian Mental Health Association
Haliburton, Kawartha, Pine Ridge
Mental health for all

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 experiencing the long-term effects of a sports-related concussion and require a reduced academic course load as result of injury. **Applications are now open and will close June 19th 2018.** All applicants will be reviewed by a committee consisting of H.O.P.E., Team 55 and Your Family Health Team Foundation. All applicants will be notified of their status by June 25th, 2018.

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
- Have a diagnosis of 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 confirming your diagnosis and the need for a reduced academic work load
- Submit the full application, which will be available December 1.

Section A: Personal Information

Last Name: _____ First Name: _____

Phone Number: () _____ Email: _____

Section B: Dependent Student

Parent or Guardian Name 1 _____

Parent or Guardian Name 2 _____

Number of Dependents (including applicant) _____

Number of Dependent in post-secondary education _____

Parent 1 Actual Income

Line 150 on 2017 Tax Return _____

Line 236 on 2017 Tax Return _____

Parent 1 Other Income _____

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

Parent 2 Actual Income

Line 150 on 2017 Tax Return _____

Line 236 on 2017 Tax Return _____

Parent 2 Other Income _____



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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 1 Signature _____

Date: _____

Parent 2 Signature _____

Date: _____