



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 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 1<sup>st</sup> annually.** All applicants will be reviewed by a committee consisting of H.O.P.E., Team 55 and GPHSF, Your Family Health Team Foundation. **All completed applications must be sent to [info@gphsf.ca](mailto:info@gphsf.ca) by April 30<sup>th</sup>** & applicants will be notified of their status by **May 15<sup>th</sup>**.

### 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 course load
- Submit the full application, which will be available March 1

### Section A: Personal Information

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

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

### Section B: Dependent Student

Parent/Guardian Name 1 \_\_\_\_\_

Parent/Guardian Name 2 \_\_\_\_\_

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

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

#### Parent/Guardian 1 Actual Income

Line 150 on 2019 Tax Return \_\_\_\_\_

Line 236 on 2019 Tax Return \_\_\_\_\_

Other Income \_\_\_\_\_

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

#### Parent/Guardian 2 Actual Income

Line 150 on 2019 Tax Return \_\_\_\_\_

Line 236 on 2019 Tax Return \_\_\_\_\_

Other Income \_\_\_\_\_



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### Section C: Income Source

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

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

### Section D: Declaration and Consent for Parents/Guardians

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: \_\_\_\_\_