



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 25th and close on May 1st 2026 at 11:59pm.** All applicants will be reviewed by a committee consisting of H.O.P.E. and GPHSF, Your Family Health Team Foundation. All applicants will be notified of their status **by May 21st, 2026.**

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, or call (705) 740-8074 ext. 101 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 workload
- Submit the full application below.

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 2024 Tax Return _____

Line 150 on 2024 Tax Return _____

Line 236 on 2024 Tax Return _____

Line 236 on 2024 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: _____