

**Application forms must be submitted by email, registered mail or by fax to 416-925-6912 by May 1.** Applications received after the deadline date and/or not fully completed will not be considered.

**Note:** Bursaries will be awarded in June 2018 for studies commencing as of the 2018 summer session through to the conclusion of the 2019 academic year (June 30, 2019). Successful applicants will be required to submit proof of tuition payment and receipts for other allowable costs or expenditures (books, travel etc.), in order to access funding. Courses taken during the 2017-2018 academic year are not eligible for 2018-2019 bursaries.

**For the application to be considered, all of the following MUST accompany the application:**

A current copy of the applicant's Ontario Teaching Certificate of Qualifications and Registration

A copy of the course description, including cost, date of course commencement and name of institution.

**Please read:** Qualifications for Bursaries, Procedures 4.50 – 4.53, OECTA Handbook (page 76).

## PERSONAL INFORMATION

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ OECTA Unit: \_\_\_\_\_

Membership #: \_\_\_\_\_ Membership Status: \_\_\_\_\_

## DEPENDANTS

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

I acknowledge and give consent for my name to appear on the OECTA website and in OECTA publications, if I receive a bursary.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Awards Committee, OECTA Provincial Office, 65 St. Clair Avenue East, Suite 400, Toronto, ON M4T 2Y8  
For more information, contact [awards@oecta.on.ca](mailto:awards@oecta.on.ca), 416.925.2493 or 1.800.268.7230 ext. 329

**catholicteachers.ca**

# BURSARY APPLICATION FOR UNDERGRADUATE OR POST-GRADUATE STUDIES

## PROFESSIONAL AND ACADEMIC INFORMATION

Involvement in OECTA (i.e. Committees, AGM delegate, conference/workshop participant, unit/general meeting attendance, executive meetings, etc. – include dates of service)

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Current QECO category: \_\_\_\_\_

List University degree(s): \_\_\_\_\_

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**Teaching Qualifications** (check the one that applies):

<input type="checkbox"/>	Ontario Teaching Certificate	Year of Issue:	<input type="text"/>
<input type="checkbox"/>	Certificate of Qualification or Letter of Standing	Year of Issue:	<input type="text"/>
<input type="checkbox"/>	Letter of Permission	Year of Issue:	<input type="text"/>
<input type="checkbox"/>	Other (please specify)	<input type="text"/>	

Years of teaching experience: \_\_\_\_\_ Year you will be eligible to receive your pension: \_\_\_\_\_

If non-degreed, how many undergraduate degree courses have you completed? \_\_\_\_\_

## EXPENSES AND FINANCIAL INFORMATION

How much money are you applying for? \_\_\_\_\_

*A maximum of \$1,000 is awarded to an individual each year. Bursary recipients will be issued a T4A in February.*

Name of Course/Program: \_\_\_\_\_

Date Course/Program Commences: \_\_\_\_\_ and ends: \_\_\_\_\_

For what specific expenses is the bursary required (*course/registration fees, materials, travel etc.*)?

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Fee(s): \$ \_\_\_\_\_ Expenses: \$ \_\_\_\_\_

Gross annual salary: \$ \_\_\_\_\_ Net annual salary: \$ \_\_\_\_\_

Total net income from other sources: \$ \_\_\_\_\_  
(i.e. family allowance, rental income, support payments, bonuses, dividends & interest, and any other income)

Total **NET FAMILY** income: \$ \_\_\_\_\_

# BURSARY APPLICATION FOR UNDERGRADUATE OR POST-GRADUATE STUDIES

Have you received an OECTA bursary before?

NO

YES

Year(s)

Round trip travel distance for courses: \_\_\_\_\_kms

Are you applying for, or have been granted any other form of financial assistance for this purpose?  
(i.e. from your unit, school board etc.)

NO

YES



*If yes, please provide details*

## REFERENCES

List at least **TWO** references who can speak to your OECTA involvement. Include contact information and position in OECTA.

### Reference 1

Name: \_\_\_\_\_ OECTA position held: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Tel.# \_\_\_\_\_

### Reference 2

Name: \_\_\_\_\_ OECTA position held: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Tel.# \_\_\_\_\_

## OTHER COMMENTS

Describe the purpose of your study. (i.e. change in employment status, QECO category, etc.)

Print and Mail to:  
Awards Committee  
c/o OECTA

65 St. Clair Ave., E., Suite 400  
Toronto, ON M4T 2Y8

Print & Fax to:  
Awards Committee  
416.925.6912

Email PDF to:  
[awards@oecta.on.ca](mailto:awards@oecta.on.ca)