

Affirm United/S'affirmer Ensemble – Bursary Application

Priority will be given to members of the LGBTQ2S+ community, those with further intersectional identities; we encourage all to apply regardless of race, ethnicity, (dis)ability, sex, gender, sexuality, immigration status, etc.

Name:	
Pronouns:	
Address:	
	Post to the second seco
City:	Province:
Phone Number	Email:

UCC involvement:	
□ Work involvement □ Home congregation □ Region	□ other:
Contact name and information (address, phone number):	
Educational Institution Name:	
Contact Phone Number:	
Program Name:	Program Year(s):

Reference Name:	
Reference Email:	
Reference Phone:	

To include in the grant application:	
□ A short bio & photo.	
$\hfill \square$ A cover letter about the involvement with the communit with and the student's financial need.	cy, the various forms of advocacy that the student has been/is involved
☐ A letter from a faith-based reference with contact inform	nation.
☐ A letter from a personal reference with contact informati	ion.

By signing below, the applicant is consenting to the references listed being contacted by AU/SE for authenticity.

I declare that the information provided in this application is, to my knowledge, a true, complete and accurate statement of my financial status, and I hereby request consideration for assistance from the funds made available for this purpose and administered by the university.

I authorize (AU/SE) to release information about me, as it pertains to my application for financial aid, to bursary donors, funding organizations, and/or applicable church bodies, in accordance with the terms outlined in specific bursary awards. I understand that my financial details will not be released to any party.



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I authorize AU/SE to contact my sources of funds/expenses, as necessary.

I understand that any AU/SE administered bursary awards will be credited to my student university account and will be used to offset tuition and any monies owing to the university.

The above statements and information are correct to the best of my knowledge. I understand that any misrepresentation may disqualify me from consideration from the bursary.

Signature:	Date: