



P.O. Box 398, 1450 Nakina Drive  
Thunder Bay, ON P7C 4W1

## 2024-25 ONTARIO-UKRAINE SOLIDARITY SCHOLARSHIP

Four (4) scholarships worth \$10,000 will be awarded to individual students based on merit and financial need in the 2024-2025 academic year. The scholarship will be available to all students while prioritizing students affected by the conflict in Ukraine and other conflicts.

### Eligibility:

- International or Domestic students impacted by the Ukrainian conflict or students impacted by other conflicts around the globe
- Candidates must be enrolled in full- or part-time studies at Confederation College during the 2024-2025 academic year.
- Must demonstrate financial need
- Must demonstrate merit which includes academic achievement, community service and/or perseverance of dedication to education

### STUDENT INFORMATION

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

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Student #: \_\_\_\_\_ Program: \_\_\_\_\_ Year: \_\_\_\_ of: \_\_\_\_

Permanent Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Have you applied for OSAP: Yes  No

**Personal Statement:** Describe how you have been impacted by the conflict in Ukraine or other conflicts, as applicable. Please also describe how this scholarship would help you meet your academic objectives. As part of your response, demonstrate how you meet the merit criteria (i.e., academic excellence and/or community participation) to receive this scholarship (maximum 500 words).

## Budget

Students must complete the budget information below for your current study period (e.g. September to April )

Married students should indicate their total family income (after tax and other compulsory deductions) and total family expenses.

<b>Estimated Expenses</b>		<b>Financial Resources/Income</b>	
<b>Expense</b>	<b>Amount</b>	<b>Income Source</b>	<b>Amount</b>
Tuition	_____	Net Income from part-time work or work study	_____
Books	_____	Spouse's Income	_____
Residence	_____	OSAP or other government student aid	_____
Rent _____ per month	x 8 = _____	Other government income	_____
Utilities _____ per month	x 8 = _____	Parental Support	_____
Food _____ per month	x 8 = _____	RESPs	_____
Transportation	_____	Institutional Scholarships/Awards/Bursaries	_____
Personal Care	_____	Other Income (specify)	_____
Childcare	_____	Other Income (specify)	_____
Telephone/Internet _____ per month	x 8 = _____	Other Income (specify)	_____
Vehicle	_____	<b>Total Resources</b>	_____
Other (Specify)	_____		
<b>Total Expenses</b>	_____	<b>Calculated Need</b>	_____
		Total Expenses minus Total Resources	_____

**NOTICE OF COLLECTION OF PERSONAL DATA:** If you are selected as the recipient of an Ontario-Ukraine Solidarity Scholarship, the Ministry will indirectly collect your personal information from your postsecondary institution pursuant to paragraphs 1 and 4 of s. 15(1) of the Ministry of Training, Colleges and Universities Act.

If you are selected as the recipient of an Ontario-Ukraine Solidarity Scholarship, the personal information collected by the Ministry will include information on your program of study and year of study at the postsecondary institution, as well a brief rationale for your selection. The Ministry uses this personal information to administer the Ontario-Ukraine Solidarity Scholarship program, which includes planning or delivering the program, allocating resources, evaluating, or monitoring the program, and detecting, monitoring and preventing fraud or any unauthorized receipts of services or benefits related to the program. If you are selected as the recipient of an Ontario-Ukraine Solidarity Scholarship and you have applied for OSAP assistance, the Ministry will also use your personal information for the purposes of administering OSAP.

If you have any questions about the Ministry's collection or use of your personal information, please contact: Director, Student Financial Assistance Branch, Ministry of Colleges and Universities, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, Ontario, P7B 6G9; 807-343-7260.

**I have read and understood all parts of this section, including the notice of collection, use and disclosure of my personal information and my signature attests to my consent to the indirect collection, use and disclosure of my personal information.**

**I hereby declare that the information submitted on this application is true and accurate to the best of my knowledge and is subject to possible verification.**

Student: \_\_\_\_\_

Date: \_\_\_\_\_