

Reference No	Date Received
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## Agriculture Skills Student Bursary Program Application

Applications will be accepted between **July 10, 2024** and **November 29, 2024**

### Step 1: Eligibility Requirements

I confirm that all the following conditions are met:

- ✓ must be a Canadian citizen or Permanent Resident of Canada and a resident of Nova Scotia.
- ✓ Confirmation of Enrollment (COE) in a post-secondary institution in September (of program year).
- ✓ employed by a Nova Scotia registered farm guaranteeing a minimum work term of 250-500 hours.
- ✓ Record of employment (ROE) for the hours earned between April 1, 2024 and September 13, 2024.
- ✓ application signed by a Nova Scotia farm registered business.
- ✓ if under the age of 19, a parent or guardian signature.

**Note:** The above requirements must be met, otherwise the application will not be processed. Reference program guidelines for eligible projects, project timelines, and claim dates.

### Step 2: Applicant Information

<b>First Name</b>			
<b>Middle Initial(s)</b>			
<b>Last Name</b>			
<b>Date of Birth</b> (dd/mm/yyyy)			
<b>Phone Number</b>		<b>Email</b>	
<b>Street Address</b>			
<b>City / Town</b>		<b>County</b>	<b>Postal Code</b>
<b>Citizenship Status</b>	<input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent Resident of Canada		Continuous resident in Nova Scotia from (MM/YYYY)



NEW: Self Identification		
Note: this information is not part of determining program eligibility and is voluntary		
<b>A) Applicant Self Identification</b>		
<b>Select all that Apply</b>	<input type="checkbox"/> Youth (Individuals 40 years old and younger) <input type="checkbox"/> Women <input type="checkbox"/> Mi'kmaq <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Other: _____	<input type="checkbox"/> African Nova Scotian <input type="checkbox"/> Not Applicable <input type="checkbox"/> Decline to identify

### Step 3: Educational Information

<b>Name of Accredited Post-Secondary Educational Institution *Attach Confirmation of Enrollment</b>	
<b>Student ID #</b>	
<b>Year of Study</b>	<input type="checkbox"/> 1 <sup>st</sup> Year <input type="checkbox"/> 2 <sup>nd</sup> Year <input type="checkbox"/> 3 <sup>rd</sup> Year <input type="checkbox"/> 4 <sup>th</sup> Year
<b>Have you previously received funding through the Agriculture Student Skills Bursary Program?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Step 4: Additional Details

<b>How did you learn about this Bursary?</b>		
<input type="checkbox"/> Guidance Counsellor	<input type="checkbox"/> Instagram	<input type="checkbox"/> School Announcement
<input type="checkbox"/> High School website	<input type="checkbox"/> Community bulletin	<input type="checkbox"/> University/College web
<input type="checkbox"/> Facebook	<input type="checkbox"/> Google search	<input type="checkbox"/> LinkedIn
<input type="checkbox"/> Friend(s)	<input type="checkbox"/> Twitter	<input type="checkbox"/> Spotify
<input type="checkbox"/> Teacher	<input type="checkbox"/> Family members	<input type="checkbox"/> Other: _____
<b>Please select your school's Regional Centre for Education (for your high school graduation year)</b>		
<input type="checkbox"/> Acadian Provincial	<input type="checkbox"/> Annapolis Valley	<input type="checkbox"/> Cape Breton – Victoria
<input type="checkbox"/> Chignecto – Central	<input type="checkbox"/> Halifax (HRM)	<input type="checkbox"/> South Shore District
<input type="checkbox"/> Strait	<input type="checkbox"/> Tri-County District	<input type="checkbox"/> Out of Province:

**Reason(s) for choosing agricultural summer employment and application to this program (Please check all that apply) Note:** This section will not be used in determining your eligibility for the program and is for evaluation purposes only.

- Learn more about agriculture to one day own a farm
- Learn more about agriculture to have a career in the agri-food sector (e.g. marketing, food processing, etc.)
- To someday take over my family farm
- Save money for education in the field of agriculture
- Same money for education in another field, not related to agriculture
- Other (please specify): \_\_\_\_\_

### Step 5: Business / Employer Information

<input type="checkbox"/> Post-Secondary Student (returning)	<input type="checkbox"/> Grade 12 Student (entering post-secondary)
Farm Name	Contact Name
Farm Registration #	Contact #
Contact Email Address	
Position of Applicant	County of Farm

Business / Farm Declaration: I declare that I have employed the applicant listed above at my business location for the duration of the timeline identified within the guidelines. A T-4 may be requested for audit purposes.

\_\_\_\_\_  
Business Contact Name (Print)

\_\_\_\_\_  
Business Contact Signature

\_\_\_\_\_  
Date

**If you have worked at multiple farms, fill in a second section.**

<input type="checkbox"/> Post-Secondary Student (returning)	<input type="checkbox"/> Grade 12 Student (entering post-secondary)
Farm Name	Contact Name
Farm Registration #	Contact #
Contact Email Address	
Position of Applicant	County of Farm

Business / Farm Declaration: I declare that I have employed the applicant listed above at my business location for the duration of the timeline identified within the guidelines. A T-4 may be requested for audit purposes.

\_\_\_\_\_

Business Contact Name (Print)

\_\_\_\_\_

Business Contact Signature

\_\_\_\_\_

Date

## Step 6: Bursary Funding Request

250 Completed Hours

500 Completed Hours

**Note:** The Bursary, if approved, will be issued to the Post-Secondary Educational Institution where the applicant is enrolled.

## **Declaration, Authorization and Consent**

By submitting this application form, I acknowledge and agree with the following:

- I have disclosed accurate, true and complete information to the program administration to date and I will continue to provide accurate, true and complete information which is not misleading;
- I have read the Program Guidelines and, if the application is approved in whole or in part, I agree to abide by the terms and conditions as set out in the Program Guidelines;
- I consent to the audit and verification of the information at any time prior to project commencement, during work, or upon completion of the project. Such audit and verification may be performed by the Province of Nova Scotia, Government of Canada or other parties chosen by the Nova Scotia Department of Agriculture for audit and verification purposes;
- I consent to the use and disclosure of the information by officials of the Nova Scotia Department of Agriculture, officials of programs offered by the Government of Canada or Province of Nova Scotia, and cooperating funding partners, where the information is relevant for the purposes of audit, analysis, evaluation, program development and determining program funding;
- I agree to repay any amount determined through audit or inspection that is deemed to have been provided in excess of the program funding to which I am entitled;
- I consent to the release of my name and the amount of any funding received under the Program as public information, to be actively disseminated by the Province of Nova Scotia and Government of Canada;
- I acknowledge that any other information provided, unless disclosed in the manner and for the purposes to which I have consented above, will be subject to the provisions of the *Freedom of Information and Protection of Privacy Act (FOIPOP)*;
- I consent to representatives of the Nova Scotia Department of Agriculture contacting me to discuss the results of the Program;
- I consent to the Nova Scotia Department of Agriculture publishing the results of the Program with respect to the farm which may include my name, my farm location, the amount received and details about the projects associated with this Program; and
- I confirm that I have the authority to bind the applicant.

\_\_\_\_\_  
Applicant Name (print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### **Return completed Application to:**

**Nova Scotia Department of Agriculture  
Programs Office**

74 Research Drive, Suite A, Bible Hill, NS B6L 2R2

Phone 902-893-6377 or toll-free 1-866-844-4276

Fax: 902-893-7579

Email: [prm@novascotia.ca](mailto:prm@novascotia.ca)

Website: <http://novascotia.ca/programs/>

Je préfère recevoir tous les formulaires en français.