Sustainable Canadian Agricultural Partnership

Department of Agriculture Programs 2026-2027

Reference No	Date Received

Agriculture Skills Student Bursary Program Application

Applications will be accepted between **September 1, 2026** and **November 30, 2026**

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 as a full-time or part-time student in a post-secondary institution in September 2026.
- ☐ employed by a Nova Scotia registered farm guaranteeing a minimum work term of 250-500 hours.
- ☐ Record of Employment (ROE) for hours worked between April 1, 2026, and September 16, 2026. Please redact the SIN before submitting.
- ☐ application signed by a Nova Scotia farm registered business.
- ☐ if applicant is 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

Student Name					
Date of Birth (dd/mm/yyyy)					
Phone Number		**Email**			
Street Address					
City/Town		**County**		**Postal Code**	
Citizenship Status	☐ Canadian citizen ☐ Permanent Resident of Canada		Continuous resident in Nova Scotia from (MM/YYYY)		

Self Identification		
The following section is voluntary and does not affect program eligibility. If completed, Department of Agriculture will share the provided information, identified only by a business name (farm name) or HST/GST ID, with Agriculture and Agri-Food Canada. This information will be used to improve the program and address access barriers for underrepresented and marginalized groups.		
Select all that apply	☐ Youth (Individuals 40 years old and younger)	☐ African Nova Scotian
	☐ Woman	☐ Not Applicable
	☐ Mi'kmaq ☐ Métis ☐ Inuit	☐ Decline to identify
	☐ Other: _____	

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Step 3: Educational Information

Name of Accredited Post-Secondary Educational Institution *Attach Confirmation of Enrollment	
Student ID #	
Year of Study	☐ 1st Year ☐ 2nd Year ☐ 3rd Year ☐ 4th Year
Have you previously received funding through the Agriculture Student Skills Bursary Program?	☐ Yes ☐ No

Step 4: 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.

Step 5: Additional Details

☐ Post-Secondary student (returning) ☐ Grade 12 student (entering post-secondary)

Select your school's Regional Centre for Education (for your high school graduation year).		
☐ Acadian Provincial	☐ Annapolis Valley	☐ Cape Breton – Victoria
☐ Chignecto – Central	☐ Halifax (HRM)	☐ South Shore District
☐ Strait	☐ Tri-County District	☐ Out of Province:

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

☐ Save money for education in another field, not related to agriculture

☐ Other (specify): _____

Step 5: Business/Employer Information

Farm name	Contact name
Farm Registration #	Contact phone number
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.

Farm name	Contact name
Farm Registration #	Contact phone number
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

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Department of Agriculture Programs 2026-2027

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 **(Parent/guardian signature if under 19)**	Date

Return completed application to:

Nova Scotia Department of Agriculture
Programs Office
74 Research Drive
Bible Hill, NS B6L 2R2
Phone 902-893-6377 or toll-free 1-866-844-4276
Email: prm@novascotia.ca
Website: novascotia.ca/programs/

☐ Je préfère recevoir tous les formulaires en français.

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