

Agriculture On-Farm Student Bursary Program Application

Applications will be accepted until **November 30, 2019**

Eligibility Requirements Checklist:

1. Student:

- must be a Canadian citizen or landed immigrant and a permanent resident of Nova Scotia;
- must be enrolled in an accredited post-secondary institution in September (of the program year); and
- must be employed by a Nova Scotia registered farm guaranteeing a minimum work term of 250 to 500 hours between May 1 to the end of the 1st week in September.

Is proof of enrollment as a student attached?

- Accredited Post-Secondary (current) Yes No
- Grade 12 (entering Accredited Post-Secondary) Yes No

2. Record of Employment:

- Record of Employment (ROE) for Post-Secondary Student

| |
|--|
| Eligible Work Term Period |
| May 1, 2019 to the end of the 1 st week in September 2019 |

- 3. If under the age of 19, a parent or guardian signature
- 4. Application signed by a Nova Scotia Farm Registered business

NOTE: The above requirements must be met or the application will not be processed. Reference program guidelines for eligible funding, timelines, etc.

| | |
|---------------|---------------|
| Reference No. | Date Received |
|---------------|---------------|

Section 1 - Applicant Information

| | | | | |
|---|---------------|--|----------------------------|-------------|
| First Name and Middle Initial(s) | | | Last Name | |
| Street Address | Apt # or RR # | City/Town | Province | Postal Code |
| | | | NS | |
| Telephone Number | Email Address | | Date of Birth (dd/mm/yyyy) | |
| | | | | |
| Citizenship Status | | | | |
| <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident (landed immigrant) | | If permanent resident: Continuous resident in Nova Scotia from: | Month | Year |
| Diversity | | | | |

- Minority status*

How did you learn about this Bursary?

- | | | | |
|--|---|------------------------------------|---|
| <input type="checkbox"/> Guidance Counsellor | <input type="checkbox"/> High School website | <input type="checkbox"/> Facebook | <input type="checkbox"/> Friend(s) |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> University / College website | <input type="checkbox"/> Instagram | <input type="checkbox"/> Community bulletin board |
| <input type="checkbox"/> Google search | <input type="checkbox"/> Twitter | <input type="checkbox"/> LinkedIn | <input type="checkbox"/> Other (please specify _____) |
| <input type="checkbox"/> School announcement | <input type="checkbox"/> Family members | <input type="checkbox"/> Spotify | |

Name of Accredited Post-Secondary Educational Institution * **Attach Confirmation of Enrollment**

Student ID #

Please select your school's Regional Centre for Education

- | | | |
|---|---|---|
| <input type="checkbox"/> Annapolis Valley | <input type="checkbox"/> Cape Breton – Victoria | <input type="checkbox"/> Chignecto - Central |
| <input type="checkbox"/> Halifax (HRM) | <input type="checkbox"/> Strait | <input type="checkbox"/> South Shore District, Tri-County District & Acadian Provincial |
| <input type="checkbox"/> Out of Province: _____ | | |

Reason(s) for 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.

- | | |
|--|--|
| <input type="checkbox"/> Learn more about agriculture to one day own a farm | <input type="checkbox"/> Save money for education in the field of agriculture |
| <input type="checkbox"/> Learn more about agriculture to have a career in the agri-food sector (e.g. marketing, food processing, etc.) | <input type="checkbox"/> Save money for education in another field, not related to agriculture |
| <input type="checkbox"/> To someday take over my family farm | <input type="checkbox"/> Other (please specify): _____ |

Section 2 – Business / Farm Information

Business/Farm Name

Primary Contact Name

Farm Registration #

Contact #

Email

Applicant Title/Position

- | | | | | |
|---|---|---------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Owner/Operator/Partner | <input type="checkbox"/> Executive Director | <input type="checkbox"/> President | <input type="checkbox"/> Manager | <input type="checkbox"/> Shareholder |
| <input type="checkbox"/> CEO | <input type="checkbox"/> Director | <input type="checkbox"/> Project Lead | <input type="checkbox"/> Secretary | |

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:

Farm Applicant Name (Print)

Farm Applicant Signature

Date

Section 3 – Bursary Funding Request

| | Bursary Amount |
|--|----------------|
| <input type="checkbox"/> 250 Completed Hours | \$500.00 |
| <input type="checkbox"/> 500 Completed Hours | \$1,000.00 |

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

Section 4 - Statement of Certification

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

- to the best of my knowledge and ability, that the information provided on this application form is accurate;
- that 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 **and the application form**;
- 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 Department of Agriculture, federal government or other parties chosen by 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 assistance;
- I agree to repay any amount determined through audit or inspection that is deemed to have been provided in excess of the government contributions to which I am entitled;
- I consent to the release of my name and the amount of any support 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 confidentiality and disclosure provisions of the *Freedom of Information and Protection of Privacy Act (FOIPOP)*; and
- I confirm that I have the authority to bind the applicant.

Applicant Name (print)

Applicant Signature

Date

Parent of Applicant Name (print)
(if applicant is under 19)

Parent of Applicant Signature

Date

Return completed form and documents to:

Nova Scotia Department of Agriculture
Programs and Business Risk Management Division
74 Research Drive
Bible Hill, NS B6L 2R2

Questions? Call 902-893-6377 or 1-866-844-4276, Fax: (902) 893-7579

Email: prm@novascotia.ca Website: novascotia.ca/programs

Je préfère recevoir tous les
formulaires de demande en
français.