

Agriculture On-Farm Student Bursary Program Application
Applications will be accepted from **September 1, 2021 to November 30, 2021**

Section 1 - Eligibility Requirements Checklist:

1. must be a Canadian citizen or Permanent Resident of Canada and a resident of Nova Scotia
2. Confirmation of Enrollment (COE) in a post-secondary institution in September (of the program year)
3. employed by a Nova Scotia registered farm guaranteeing a minimum work term of 250 to 500 hours:
Record of Employment (ROE)
 - ROE for hours earned the summer* after each post-secondary year
 - ROE for hours earned the summer* after grade 12 year
 - ROE for hours earned the summer* after grade 11 year***Summer = May 1st to end of the 1st week in September**
4. application signed by a Nova Scotia farm registered business
5. if under the age of 19, a parent or guardian signature

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
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Section 2 - Applicant Information

First Name and Middle Initial(s)		Last Name	
Street Address			Apt # or RR #
City/Town		Province NS	Postal Code
Primary Contact Number	Email Address	Date of Birth (dd/mm/yyyy)	

*****NEW***** I prefer to receive electronic correspondence

Citizenship Status

<input type="checkbox"/> Canadian citizen	Continuous resident in Nova Scotia from:	Month	Year
<input type="checkbox"/> Permanent Resident of Canada			

Name of Accredited Post-Secondary Educational Institution * Attach Confirmation of Enrollment	Student ID #
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Year of Study

1st Year 2nd Year 3rd Year 4th Year Other _____

Diversity

Minority Status

How did you learn about this Bursary?

Guidance Counsellor High School website Facebook Friend(s)

Teacher University / College website Instagram Community bulletin board

Google search Twitter LinkedIn Spotify

School announcement Family members Other (please specify): _____

Please select your school's Regional Centre for Education (for your high school graduation year)

Acadien 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 *(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

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

Other (please specify): _____

Section 3 – Business / Employer Information

<input type="checkbox"/> Post-Secondary Student (returning to school)	<input type="checkbox"/> Grade 12 Student (entering post-secondary institution)	<input type="checkbox"/> Grade 11 Student (entering Grade 12)
Farm Name		Contact Name
Farm Registration #	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

<input type="checkbox"/> Post-Secondary Student (returning to school)	<input type="checkbox"/> Grade 12 Student (entering post-secondary institution)	<input type="checkbox"/> Grade 11 Student (entering Grade 12)
Farm Name		Contact Name
Farm Registration #	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

<input type="checkbox"/> Post-Secondary Student (returning to school)	<input type="checkbox"/> Grade 12 Student (entering post-secondary institution)	<input type="checkbox"/> Grade 11 Student (entering Grade 12)
Farm Name		Contact Name
Farm Registration #	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

Section 4 – Bursary Funding Request

- 250 Completed Hours **\$500.00 Bursary**
- 500 Completed Hours **\$1000.00 Bursary**

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

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 Application to:

Department of Agriculture

Programs and Business Risk Management Division

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

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

Je préfère recevoir tous les formulaires en français.