

Hazel Education Bursary Application

The Hazel Bursary is to support women who have experienced abuse.

If you meet these criteria, please complete the following application to be considered for the bursary. Information you include here will be treated as confidential.

Part A

Your Information:

Name: _____

Phone number <i>(where you can safely be reached)</i> : _____

Best time to call you: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening

Email: _____

Mailing address <i>(where you can safely receive mail)</i> :
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Street: _____

City: _____ Province: _____ Postal Code: _____
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I am a resident of: <input type="checkbox"/> Peterborough County <input type="checkbox"/> Haliburton County

Your References <i>(ideally, references are not family members or partners. If this is not possible, please explain in Other Key Information)</i>

1. Name: _____ Phone Number: _____ Email: _____

2. Name: _____ Phone Number: _____ Email: _____

Part B

Your Goals for Education or Training Please answer all of the questions. If you need more space, please attach additional pages.
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1. Tell us about your desired program and what do you hope to achieve?
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2. What have you done so far to achieve your educational goal(s)?

3. How would this money help you to attain your educational goal(s)? Please be specific.

Social Determinants of Health

This information will help the YWCA understand the barriers women experience.

1. What is your housing situation like today?

- Homeless or facing eviction
- Have housing, but the rent/mortgage is unaffordable
- Housing is stable and affordable

2. Do you have income?

- No or little income at this time
- Inadequate income and struggle to meet basic needs at times
- Adequate income and can meet basic needs

3. What is your employment situation like?

- No job or unsatisfactory employment
- Working, but inadequate pay; no benefits; seeking other employment
- Employed part-time/full-time with adequate pay, with benefits

4. Do you worry about having enough food for yourself, your children or other dependents?

- Struggle to have enough food
- Have some food, but run out at end of month; use food-share and/or food bank
- Have adequate food and money to purchase more

5. Are your transportation needs met?

- Lack of transportation keeps me from medical appointments, meetings, work
- Transportation is adequate locally, but not able to travel out of community
- Adequate transportation and needs are met

6. How do you get to appointments, meetings, work, or school?

- Car
- Bus
- Taxi
- Bike
- Scooter

- Walk
- Ask friends for help

7. Do you have a visible or non-visible disability or different ability that affects your access to or participation in housing, employment, social interactions?

- Have disability that affects me negatively on a daily basis
- Have disability, but symptoms are managed adequately
- No, I do not have a disability

8. Do you have bills that you cannot pay?

- Have many bills that I struggle to pay
- Worry about paying bills, but am able to save money to pay
- Able to pay bills with limited concern

9. Do you experience barriers related to your race, ethnicity and/or citizenship status?

- Yes
- No

10. Do you have adequate access to health care and health care coverage?

- No or limited health care coverage and difficulty accessing medical care
- Access to provincial health care and medication coverage but no extended health care coverage
- Adequate health care and extended coverage

11. Do you have access to safe, affordable childcare?

- Current childcare options create risks for me and/or my children
- Subsidized spaces have a long waiting list
- It is difficult to get to and from available childcare that is safe and affordable
- Not applicable

12. In the past year, have you or any family members you live with been unable to get any of the following when it was really needed?

- Food
- Clothing
- Utilities
- Childcare
- Health Care (medical, dental, vision)
- Phone
- Medical Transportation
- Mental Health Support
- Other

Other Key Information

Did your experience of violence or abuse occur in a rural community? Yes No

What else would you like us to know?

Sharing Your Success

If you are one of the successful candidates, we will be in touch to hear about your experience with the application process. We would also like to share your success with the Education Committee, YWCA Board of Directors, our staff and volunteers, and the public.

Celebrating your success is important. Your privacy and confidentiality is also important. Please know that any and all information you share with us at any point in this process will be treated as confidential unless you agree, in writing, that you give us permission to share your story at a meeting, in a newsletter, and/or website. Thank you!

If you receive this award, do you have safety or privacy concerns? Yes No

Signature: Please be aware that if you are the successful candidate you will be required to supply proof of registration in a formal/information education program (or other equivalent documentation).

I certify that the information in this document, and any attached documents, are true and correct.

Signature: _____ Date: _____ / _____ / _____
Day Month Year