



# Kin Canada

---

## Kinsmen Club of Leduc

Application Form  
Application deadline: June 2, 2025

### **Leduc Kinsmen – *Serving the Community's Greatest Need***

The **Leduc Kinsmen Bursary** was established in 2020 by Leduc Kinsmen as a legacy project and is funded by the projects and fundraising achieved by the Leduc Kinsmen. The program was established to promote, encourage and sponsor educational programs and activities, by providing financial assistance in the amount of \$1000 to; one (1) successful applicant from Leduc Composite High School, one (1) successful applicant from Ohpaho Secondary School and one (1) successful applicant from Christ the King School, in their quest for higher learning at a recognized post-secondary institution.

#### **ELIGIBILITY** To be eligible you must:

1. Be a Canadian citizen or permanent resident.
2. Plan to register as a full-time student in the **2025-2026** school year at a recognized post-secondary institution.
3. Submit this application to the Leduc Kinsmen by **June 2nd, 2025**
4. Demonstrate high ideals, community involvement and knowledge of Kin, and
5. Not have previously received a bursary from the Hal Rogers Endowment Fund.

**APPLICATION PROCEDURE:** Complete all sections of the current application form and **email or mail to the Leduc Kinsmen by June 2nd, 2025**. If you have questions about the application, questions can be forwarded to:

**[kinsmenclubofleduc@gmail.com](mailto:kinsmenclubofleduc@gmail.com)**

#### **NOTES:**

- All information on the application form will be held in the **strictest confidence**.
- The responsibility for the completed application form rests with the applicant; be sure to answer ALL questions. **You may attach additional pages if there is not enough space to answer a question.**
- Any information provided may be subject to authentication.
- All successful applicants will be notified of the committee's decision. This decision will be final.
- Bursary recipients will be required to submit proof of citizenship (Government-issued ID such as Canadian birth certificate, passport, certificate of citizenship, certificate of Indian Status, HealthCard, Provincial Photo Card, or Permanent Resident Card) and proof of registration prior to funds being released.

All completed applications can be submitted by mail directly to:

**Leduc Kinsmen Bursary, 50 Corinthia Dr, Leduc, AB T9E 7L7**

or Email:

**[kinsmenclubofleduc@gmail.com](mailto:kinsmenclubofleduc@gmail.com)**

**PERSONAL INFORMATION**

Last Name		First Name and Middle Initial	
Permanent Address		City or Town	Province
Phone Number		Applicant E-mail Address	Parent/Guardian Email Address
Date of birth (mm/dd/yyyy)	Preferred Language: English <input type="checkbox"/> French <input type="checkbox"/>		Citizenship Status: Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/>

**PROPOSED PROGRAM OF STUDY**

Name of Institution		Location (City, Province)	
Expected Starting Date (mm/dd/yyyy)	Expected Graduation Date (mm/dd/yyyy)	Which year of study will you be entering? (1 <sup>st</sup> , 2 <sup>nd</sup> , etc.)	Certificate / Diploma / Degree Expected
Program/Area of Study		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	
Why are you choosing this program/area of study?			

**EDUCATIONAL HISTORY**

Most recent school or institution	Grade / Program	Finish Date	Certificate/Diploma/Degree Completed
-----------------------------------	-----------------	-------------	--------------------------------------

**FINANCIAL INFORMATION – All fields MUST BE COMPLETED or the application will NOT be considered (max. 38 points)**

- Applicant/Student Net Income\* for 2024: \_\_\_\_\_ Applicant/Student Net Worth (including RESPs)\*\* : \_\_\_\_\_
- Where will you be living while attending school? ☐ On Own (House/Apartment) ☐ Residence ☐ Room & Board ☐ With Parents/Legal Guardians  
☐ Shared Accommodations (# of roommates \_\_\_\_ ) ☐ Other (describe): \_\_\_\_\_

- Please list your estimated expenses for the **upcoming** academic year (12 months):

1.	Tuition/Incidental Fees:		Books/Supplies:		<b>Total Line 1:</b>		<b>TOTAL:</b>
2.	Housing/Accommodation:		Transportation:		<b>Total Line 2:</b>		

- Have you been out of high school 4 or more years? ☐ Y ☐ N Have you been in the work force **FULL TIME** for 2 consecutive years? ☐ Y ☐ N

**If you answered Yes to either question in #4 above, skip question #5 and go to question #6.**

- Parents Combined Net Income\* for 2024 \_\_\_\_\_ Parents Combined Current Net Worth\*\* : \_\_\_\_\_  
# of Parents: \_\_\_\_\_ # of Dependents living at home (including you): \_\_\_\_\_ # of children in post-secondary school in 2024/2025: \_\_\_\_\_
- Do you have children? ☐ Yes ☐ No If yes, how many? \_\_\_\_\_
- Are you married (or living common-law)? ☐ Yes ☐ No

**If you answered No to question #7, skip question #8 and go to the next page.**

- Spouse's Net Income\* for 2024 \_\_\_\_\_ Spouse's Current Net Worth\*\* \_\_\_\_\_  
\* Net Income as reported to Revenue Canada  
\*\* Net Worth = total value of assets (cash, houses, vehicles, investments, RESP, etc.) LESS total value of liabilities (mortgage, loans, etc.).  
This must be a numerical value.

**ADDITIONAL FINANCIAL CONSIDERATIONS** – Are there financial challenges you face of which the selection committee should be aware (i.e. medical condition/extenuating family circumstances requiring additional finances, single parent, etc.)?

You may attach additional pages if necessary.

**(max. 15 points)**

**NON-FINANCIAL OBSTACLES** – Comment on non-financial obstacles, if any, you have had to overcome or face in your pursuit of academic, extracurricular or community service goals. You may attach additional pages if necessary.

List school/community/organization activities that you have been involved in for the past three (3) years (teams, clubs, positions of responsibility, volunteer work, etc.) Please be specific. **(max. 17 points)**

YEAR	ACTIVITY TYPE/ ORGANIZATION NAME (school, volunteer, etc.)	EXTRA-CURRICULAR, COMMUNITY SERVICE AND VOLUNTEER ACTIVITIES	# of hours
YEAR	POSITION	WORK EXPERIENCE - PLACE OF EMPLOYMENT / JOB DESCRIPTION	Part-time or Full time

**KIN KNOWLEDGE****(max. 20 points)**

- 1) Explain your **knowledge** of Kin Canada and your local/nearby Kinsmen, Kinette, Kin or Kin Campus Clubs. Give specific examples.

**Kin Canada:****Local/Nearby Club:**

- 2) Describe your **experience** with Kinsmen / Kinette / Kin or Kin Campus Clubs

- 3) Are you a Kin Member? ☐ Yes ☐ No List any relationships with Kinsmen and/or Kinettes (past or present).

**Additional Points may be added based on Overall Impression of Application. Please use this space to add any additional information related to this application that you feel is important for consideration by the committee. (max. 10 points)**

**Would you like to receive a one-time information package about Kin Canada?**

YES

NO

**PRIVACY STATEMENT AND APPLICATION AGREEMENT**

Personal information under the control of The Kinsmen Club of Leduc and the Bursary Committee shall remain confidential and shall not, without the consent of the individual to whom it relates, be used by the Association except: (a) for the purpose for which the information was obtained or compiled by the Association; or (b) for a use consistent with that purpose.

By completing and authorizing this Application, you consent to the use of your personal information for: (a) processing of the application; (b) publication of name in the Association's Website and Brochure; (c) publication of name in the media; and/or (d) promotional purposes. You also consent to the use of your email address by the association, for the purpose of communication.

☐ I hereby certify that all information is accurate and can be verified upon request, can prove Canadian citizenship; **and that I have not been a recipient of this bursary previously.**

I hereby acknowledge and agree to the above privacy statements and use of my personal information by the Association.

Signature of Applicant \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Guardian (if applicant is not age of majority) \_\_\_\_\_ Print Name \_\_\_\_\_