

SPONSORSHIPS / SCHOLARSHIPS

JSANO prides itself on being able to provide programming to all residents in our community.

In order to provide assistance to low-income families in our community, JSANO has designed a formal application that families will be able to complete.

The 'Scholarship Application' asks for student information and parent information. An endorser must sign each application.

An *Endorser* must be an objective, third party, and arm's length individual who works in the community and who is well positioned to assess the needs of young students.

The process for scholarships is as follows:

1. Family expresses an interest in receiving a scholarship.
2. Family is given 'Scholarship Application'.
3. Family fills out child and parent information.
4. Family gives *completed* application to the endorser.
5. Endorser prepares letter of reference detailing reasons for scholarship.
6. Endorser submits letter with *completed* application to the JSANO office.
7. The board, as a whole, or through a designated committee, will review all applications.
8. Applicants will be notified whether they have been approved or not.

JSANO

---SCHOLARSHIP APPLICATION---

STUDENT INFORMATION

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

COURSE OF INTEREST: _____

ADULT SPONSOR OF STUDENT

(parent, guardian, etc.)

NAME: _____ RELATIONSHIP TO STUDENT: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

I certify that all the information stated above is correct and can be substantiated.

SIGNATURE: _____ DATE: _____

ENDORSER OF STUDENT

(clergy, teacher, counselor, principal social services professional, senior recreation director, police, etc)

NAME: _____ RELATIONSHIP TO APPLICANT: _____

ORGANIZATION: _____ POSITION: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

LETTER OF REFERENCE: YES _____ NO _____

(A detailed letter indicating direct knowledge of and identification of unique family's economic/social barriers must accompany this application.)

To verify this endorsement, I agree to participate in a brief telephone follow-up if needed.

SIGNATURE: _____ DATE: _____

Send completed application to the following address, fax it to (705) 568-8186, e-mail – jsano@jsano.com or www.jsano.com:

140 Government Road East
Kirkland Lake, ON
P2N 3L8