



Carleton
UNIVERSITY

**Centre for Research and
Education on Women and Work**

Bursary Application

2015-2016 Management Certificate for Women (MCW)

Applicant Information

Last Name First Name Social Insurance Number

Birth date (Yr/Mo/Day) Marital Status 2015/16 Management Certificate for Women (MCW)
Year & Program

Home address:

Street Address/Post Office Box/Rural Route

City Province Postal Telephone

Work e-dress Personal e-dress

Citizenship: () Canadian () Other () Permanent Resident () Student Visa

Occupation: _____ Spouses' Occupation: _____

Employer: _____ Spouses' Employer: _____

Gross Annual Income: _____ Spouses' Gross Annual Income: _____

Number of dependent children still in school: _____ Ages: _____

The Management Certificate Program for Women (MCW) is **not eligible** for government student loans or grants. Did/will you receive other funding to support your participation in this program? \$ _____ from whom? _____.

KPMG Bursaries

- 1.) Are you a resident of Ontario? _____
- 2.) How long have you been an Ontario resident? _____

Leacross Foundation / R. Bern Bursaries

For which category of bursary are you applying?

() Under-Represented Sector () Not for Profit Sector () Entrepreneur

How many *years have you worked* in this sector? _____

How many *people are employed* by your organization? _____

Do your *career goals include continued* work in this sector? _____

If you are applying for an **Under-Represented** sector bursary, briefly describe how your position and/or your employer is non-traditionally female:

If you are applying for a **Not for Profit** sector bursary:

What is the **CRA charitable registration number** for this organization? _____

If you are applying for a bursary as an **Entrepreneur**,

(i) What *percentage of this business* do you own? _____

(ii) How *long have you owned* your business _____

(iii) Are you *responsible for business development*? _____

Should I be awarded a bursary, it will be applied to my tuition fee only.

Application Date: _____ Signature: _____

Bursary Award Recipients: we require your personal consent to:

Release the following personal information to the bursary donor

Name/address

Telephone number/e-mail address

Brief description of your circumstances

Photograph (to be taken/released)

Date

Consent Signature

Please attach a separate document explaining your need for a bursary.

Submit completed application to:

The Centre for Research and Education on Women and Work (CREWW)
Sprott School of Business, Carleton University,
323 Dunton Tower,
1125 Colonel By Drive,
Ottawa, ON K1S 5B6.