

## Fisheries and Aquaculture Student Bursary Program Application

Applications will be accepted from June 1, 2021 to January 31, 2022

### Section 1: Eligibility Requirements Checklist:

- Must be a Canadian Citizen or Permanent Resident Status
- Must be a permanent resident of Nova Scotia
- Confirmation of Enrollment (COE) in a post-secondary institution in September (of the program year)
- employed by a licensed aquaculture operator, seafood buyer, seafood processor or seafood harvester guaranteeing a minimum work term of 250 to 500 hours:
  - Record of Employment (ROE)**
  - ROE for hours earned during the work term\* after each post-secondary year
  - ROE for hours earned during the work term\* after grade 12 year
  - ROE for hours earned during the work term\* after grade 11 year
  - \*Work Term = April 1 to December 31**
- application signed by employer(s)
- 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	Postal Code
		NS	
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 <input type="checkbox"/> Permanent Resident	Continuous resident in Nova Scotia from:	Month	Year
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Name of Accredited Post-Secondary Educational Institution <b>* Attach Confirmation of Enrollment</b>	Student ID #
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**Year of Study**

1<sup>st</sup> Year    2<sup>nd</sup> Year    3<sup>rd</sup> Year    4<sup>th</sup> Year    Other \_\_\_\_\_

**Diversity**

Minority Status

**How did you learn about this Bursary?**

<input type="checkbox"/> Guidance Counsellor	<input type="checkbox"/> High School website	<input type="checkbox"/> Facebook	<input type="checkbox"/> Friend(s)
<input type="checkbox"/> Teacher	<input type="checkbox"/> University / College website	<input type="checkbox"/> Instagram	<input type="checkbox"/> Community bulletin board
<input type="checkbox"/> Google search	<input type="checkbox"/> Twitter	<input type="checkbox"/> LinkedIn	<input type="checkbox"/> NSDFA Staff
<input type="checkbox"/> School announcement	<input type="checkbox"/> Family members	<input type="checkbox"/> Other (please specify): _____	

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

<input type="checkbox"/> Acadien Provincial	<input type="checkbox"/> Annapolis Valley	<input type="checkbox"/> Cape Breton – Victoria
<input type="checkbox"/> Chignecto - Central	<input type="checkbox"/> Halifax (HRM)	<input type="checkbox"/> South Shore District
<input type="checkbox"/> Strait	<input type="checkbox"/> Tri-County District	<input type="checkbox"/> Out of Province:

**Reason(s) for 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.

<input type="checkbox"/> Save money for education in the field of seafood processing	<input type="checkbox"/> Save money for education in the field of aquaculture
<input type="checkbox"/> Learn more about aquaculture and seafood processing to have a career in the seafood sector (e.g. marketing, aquaculture, food processing, harvesting, etc.)	<input type="checkbox"/> Save money for education in another field, not related to seafood
<input type="checkbox"/> To someday take over seafood business	<input type="checkbox"/> Other (please specify): _____

**Did working within the seafood sector change your perception of the industry?**

Yes

No, please explain \_\_\_\_\_

**Would you consider working in the seafood sector again?**

Yes

No, please explain \_\_\_\_\_

### Section 3 – Business / Employer Information

<input type="checkbox"/> <b>Post-Secondary Student</b> (returning to school)	<input type="checkbox"/> <b>Grade 12 Student</b> (entering post-secondary institution)	<input type="checkbox"/> <b>Grade 11 Student</b> (entering Grade 12)
Business Name		Contact Name
		County
NS License # <input type="checkbox"/> Aquaculture <input type="checkbox"/> Buyer <input type="checkbox"/> Processor <input type="checkbox"/> Harvester		Contact #
		Email
Position of Applicant		Status at End of Work Term
		<input type="checkbox"/> Returned to School <input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Other: _____

**Business 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"/> <b>Post-Secondary Student</b> (returning to school)	<input type="checkbox"/> <b>Grade 12 Student</b> (entering post-secondary institution)	<input type="checkbox"/> <b>Grade 11 Student</b> (entering Grade 12)
Business Name		Contact Name
		County
NS License # <input type="checkbox"/> Aquaculture <input type="checkbox"/> Buyer <input type="checkbox"/> Processor <input type="checkbox"/> Harvester		Contact #
		Email
Position of Applicant		Status at End of Work Term
		<input type="checkbox"/> Returned to School <input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Other: _____

**Business 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"/> <b>Post-Secondary Student</b> (returning to school)	<input type="checkbox"/> <b>Grade 12 Student</b> (entering post-secondary institution)	<input type="checkbox"/> <b>Grade 11 Student</b> (entering Grade 12)
Business Name		Contact Name
		County
NS License # <input type="checkbox"/> Aquaculture <input type="checkbox"/> Buyer <input type="checkbox"/> Processor <input type="checkbox"/> Harvester		Contact #
		Email
Position of Applicant		Status at End of Work Term
		<input type="checkbox"/> Returned to School <input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Other: _____

**Business 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      **\$750.00 Bursary**
- 500 Completed Hours      **\$1500.00 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 Fisheries and Aquaculture, or other parties chosen by Department of Fisheries and Aquaculture for audit and verification purposes;
- I consent to the use and disclosure of the information by officials of the Nova Scotia Department of Fisheries and Aquaculture, officials of programs offered by the 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;
- 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 form and documents to:**  
**Nova Scotia Department of Fisheries and Aquaculture**  
**c/o 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](mailto:prm@novascotia.ca) Website: <http://novascotia.ca/programs/>

Je préfère recevoir tous les formulaires en français.