

## SAMUEL W. STEDMAN FOUNDATION

### **BURSARY PROGRAMME**

For full-time students in financial need, who graduated from a Secondary School in Brantford or Brant County and who are enrolled, full-time, in a college or university in Ontario.

If you graduated more than 24 months ago, and have not attended a college or university, you must use the Mature Student Application.



### **Samuel W. Stedman**

1881 - 1965

Samuel Stedman was a Brantford businessman who, with his brothers, founded the Stedman chain of variety stores which operated across Canada. Although he always remained active with Stedman Bros. Limited, he continued to live in Brantford and managed Stedman's Bookstore Ltd. Before his death, he established a charitable foundation, the Samuel W. Stedman Foundation. Some of the revenue from this Foundation is used to fund a bursary programme, the aim of which is to help and encourage young people to obtain the education and skills necessary to become contributing members of Canadian society. Since the people of Brantford had supported him as a young man and given him an opportunity to succeed, he wished, in his turn, to help young people who graduated from a high school in Brantford or the County of Brant with a Bursary.

**The Bursary is for students in financial need** and who would continue their undergraduate studies at a college or university in the province of Ontario.

BOX 751

BRANTFORD, ONTARIO

N3T 5R7

<http://www.stedmanfoundation.ca>

A limited number of bursaries will be granted to students of merit from the City of Brantford or the County of Brant who wish to further their studies in the Province of Ontario. These bursaries are open to undergraduate students at post-secondary institutions. These bursaries will **ONLY** be granted to those students who will attend a recognized college or university situated in the province of **Ontario**. The Foundation funds bursaries for undergraduate degrees and diploma programmes only up to a maximum of four (4) years, those entering/attending Graduate School would not be able to obtain a bursary for these studies.

Final decision on awards will be made by the Directors of the Samuel W. Stedman Foundation. The total number of awards will be determined annually by the Directors of the Foundation.

Section A of this application form **MUST** be completed by the student and Section B, where possible, should be completed by the individual from the educational institution who is making the recommendation.

**ONLY THOSE APPLICATIONS RECEIVED OR POSTMARKED BY APRIL 30TH  
WILL BE CONSIDERED.  
APPLICATIONS MUST BE COMPLETED IN FULL.  
APPLICATIONS NOT COMPLETED IN FULL WILL NOT BE CONSIDERED.**

**NOTE:**

**To complete an application in full, it is required that a copy of your current marks by transcript from your secondary school, university or college must be provided by June 1st or your application will not be considered.**

**APPLICATION FORMS, REPORT CARDS AND TRANSCRIPTS ARE ONLY ACCEPTED BY MAIL AT THE P.O BOX SHOWN BELOW**

**Samuel W. Stedman Foundation**

P.O. Box 751  
Brantford, Ontario  
N3T 5R7

All candidates will be advised by letter not later than August 1st.

The Foundation reserves the right to reduce or cancel any Award.

Success or failure to obtain a bursary does not restrict a student from applying for a bursary in subsequent years. Application forms for subsequent years may be obtained by writing to the above address or by visiting the Foundation web site:

<http://www.stedmanfoundation.ca>

**THIS PAGE SHOULD BE RETAINED BY THE STUDENT**

Information provided by all parties who have completed this form will be held in strictest confidence by the Foundation, will not be shared with any other party and will be used for the sole purpose of assisting the Foundation Bursary Committee to allocate funds to applicants.

**SECTION “A” [Must be completed by the applicant and the parent or guardian]**

1. Name.....Email Address.....

Date of Birth..... Telephone.....

2. Home Address.....City.....Postal Code.....

3. Secondary Schools Attended .and Grades Completed {example NPC 9,10,11,12}.....

4. Other Educational Institutions Attended.....

5.Post Secondary Institution and address in which student plans to enrol.

Course..... Length of course ..... Entering year .....

6. Career which student wishes to pursue.....

7. Student’s estimate of total expenses for the coming academic year:

Tuition..... Student fees..... Books and supplies.....

Living expenses \$.....

Are you planning on: Staying on campus Living off campus Living at home Commuting

TOTAL: \$ .....

8. How does the student propose to finance his/her education for the current year? Grant \$ .....

Using the OSAP Estimator you expect to receive.....{must be completed}..... Loan \$ .....

Other bursary, scholarship or loan for which student may qualify..... \$ .....

Personal savings at date of application..... \$ .....

Summer and/or part time employment..... \$ .....

Assistance from parents..... \$ .....

Assistance from spouse..... \$ .....

RRSP .....divide the total amount by the number of years remaining in your program ..... \$ .....

Bank loan..... \$ .....

Other..... \$ .....

TOTAL.....

9. Are you planning to apply for O.S.A.P.? ..... Yes ..... No .....

If no explain why .....

10.Bursaries provide support to students with a **high level of financial need**. Please explain, in two or three sentences, why you are a good bursary candidate.

11.Personal effort made by student to earn money for educational and living expense. Please give detail

12. Name and address of parent(s) {or guardian(s)} responsible for student’s support.

If you have included information for only one parent please give a brief explanation.

13.Occupation: Father.....Mother .....

14. Employer: Father..... Mother .....

15. Number and age of dependents including yourself.

( a dependent is anyone who is under the age of 18 or under the age of 25 if they are enrolled in school fulltime)

.....

16. Total Income (line 15000 on tax form) for previous year: Father.....Mother.....

17. Total Income of student for previous year.....

18. Is student currently employed?..... If yes, occupation and employer.....

19. I declare that to the best of my knowledge the information given is true in all respects:

Signature of Parent or Guardian.....Date:.....

**By submitting this application, you give consent for the Stedman Foundation to contact your Guidance Department directly to verify the information submitted or to request transcripts.**

Student Signature: .....

If you receive a Bursary **DO** you grant permission for us to inform your school yes\_\_\_\_ no \_\_\_\_

**If you require additional space for any section you may attach an additional page.**

This page must be printed signed and mailed to the Foundation. **Digital signatures are not accepted.**

# SECTION "B"

**[For Secondary School Students Must be completed by a Teacher or a Guidance Counsellor]**

TO BE COMPLETED BY A TEACHER OR GUIDANCE COUNSELLOR OF THE INSTITUTION IN WHICH THE STUDENT IS NOW ENROLLED. SUCH PERSON SHOULD HAVE SOME KNOWLEDGE OF THE STUDENT.

(This recommendation is essential if the student's application is to be considered).

**FOR APPLICANTS WHO HAVE COMPLETED ONE OR MORE YEARS OF POST-SECONDARY EDUCATION YOU MAY USE A LETTER OF RECOMMENDATION IF YOU ARE UNABLE TO FIND A FACULTY MEMBER TO COMPLETE SECTION B, HOWEVER SECTION B IS PREFERRED. { Letters of recommendation cannot be from a relative.}**

23. Do you consider this course a wise choice and do you expect the student to complete it successfully?

.....  
.....

24. Are there employment opportunities for graduates of this course? If yes can you give details.

.....

25. **This bursary is designed to assist students with a high level of financial need.** Do you consider the student has a special need for financial assistance? Please give any information on which you base your comment.

.....  
.....  
.....

26. Do you recommend this student for a bursary? Please explain.

.....  
.....  
.....  
.....  
.....  
.....

Print Name ..... Signature .....

Position:.....Email.....Date.....

This form must be printed and signed. **The Foundation does not accept digital signatures.** The form can be returned to the student or mailed separately.

**TO BE MAILED NOT LATER THAN APRIL 30TH TO:**

Samuel W. Stedman Foundation  
P.O. Box 751  
Brantford, Ontario  
N3T 5R7

If you are mailing this paperwork within 5 days of the deadline then you must go to a postal outlet to mail it in order to ensure that it will be postmarked on time. Many Shoppers Drug Marts have postal outlets.

# Samuel W. Stedman Foundation

## Privacy Policy - Protection of Personal Information

### Policy Statement

The Samuel W. Stedman Foundation, hereafter The Foundation, will strive to ensure that the personal information it manages in the conduct of its business is protected.

### Purpose

To protect personal information, and assure individuals of this protection, this policy establishes procedures enabling The Foundation to comply with the federal *Personal Information Protection and Electronic Documents Act* (PIPEDA).

### Scope (to whom does this apply) – Bursary Applications

This policy addresses the protection of personal information of current and former Bursary Applicants, School Guidance Staff/Teacher and parents/guardians whose personal information is collected.

### Scope (to whom does this apply) – Registered Charities requesting funds

This policy addresses the protection of personal information provided by those charitable organizations who apply for funding. The Foundation retains the right to make public a list of names of charitable organizations to which it has granted funds.

### Policy Details, Interpretation & Administration

The Foundation collects and uses Personal Information (such as name, address, telephone number, academic transcripts, household income, recommendations ) for the following purposes:

- for the purpose of assisting the Foundation Bursary committee to allocate Bursary funds to applicants.
- for the purpose of assisting the Teacher or Guidance Counsellor under Section B of the Application to provide the student recommendation.

Except when otherwise permitted by law, The Foundation will only use an Applicant's Personal Information for the purposes identified to that Applicant. When Personal Information is to be used for a purpose not identified, The Foundation will take all reasonable steps to ensure that the

Applicant is made aware of the new purpose.

This policy establishes procedures that reflect the principles in PIPEDA. In summary, the principles are:

1. Accountability
  - a. The Foundation's President is responsible for compliance with PIPEDA.
2. Identifying Purposes
  - a. Inform individuals about the purpose of collecting personal information
3. Consent
  - a. Obtain individuals' consent to collect, use and disclose personal information
4. Limiting Collection
  - a. Collect only the required personal information, in accordance with consent obtained
5. Limiting Use, Disclosure and Retention
  - a. Use and disclose personal information in accordance with consent obtained, and retain it for the appropriate period of time
6. Accuracy
  - a. Update personal information as required
7. Safeguards
  - a. Protect the personal information from loss or unauthorized access
8. Openness
  - a. Maintain open communication about this policy and procedures
9. Individual Access
  - a. Make personal information reasonably accessible to individuals
10. Challenging Compliance
  - a. Facilitate inquiries and complaints of individuals

Several provincial statutes have also been deemed substantially similar to PIPEDA. Under paragraph 26(2)(b) of PIPEDA, the Governor in Council can exempt an organization, a class of organizations, an activity or a class of activities from the application of PIPEDA with respect to the collection, use or disclosure of personal information that occurs within a province that has passed legislation deemed to be substantially similar to the PIPEDA. For more information, please visit the website for the [Office of the Privacy Commissioner of Canada](https://www.priv.gc.ca/en/privacy-topics/privacy-laws-in-canada/the-personal-information-protection-and-electronic-documents-act-pipeda/r_o_p/provincial-legislation-deemed-substantially-similar-to-pipeda/). [

[https://www.priv.gc.ca/en/privacy-topics/privacy-laws-in-canada/the-personal-information-protection-and-electronic-documents-act-pipeda/r\\_o\\_p/provincial-legislation-deemed-substantially-similar-to-pipeda/](https://www.priv.gc.ca/en/privacy-topics/privacy-laws-in-canada/the-personal-information-protection-and-electronic-documents-act-pipeda/r_o_p/provincial-legislation-deemed-substantially-similar-to-pipeda/) ]

## **PERSONAL INFORMATION – MANAGEMENT:**

*General:* When an applicant requires further information about this procedure, they should speak to the designated contact.

*Purposes and Consent:* When personal information is to be collected, The Foundation must, at or before the time of collection, identify to the individual the reasons for collection, use, and disclosure of the personal information, and obtain their consent. This may be done by whatever means is suitable in the circumstances, and can be accomplished by a paper form, website, email, telephone, or other means. In all cases, a record should be kept of the consent received.

*Retention Period:* If, at the end of the indicated retention period, the personal information is the subject of an inquiry or complaint, or it has been recently used to make a decision about an individual, then the retention period should be extended by a reasonable amount of time.

*Disclosure:* Prior to disclosing personal information, The Foundation will refer to the intended use of the information indicated in this procedure. The Foundation must ensure that any disclosure is in keeping with the intended use.

*Third Parties:* When personal information is to be received from, or provided to, a third party, The Foundation will confirm by contract, letter, or other means, that the principles of the PIPEDA have been/will be followed.

*New Purpose:* When any Foundation process or initiative would require using or disclosing personal information for a new purpose not identified at the time of collection, The Foundation will seek consent from the individuals involved. This may be done by whatever means is suitable in the circumstances, and can be accomplished by telephone, email, mail, or other means. In all cases, a record should be kept of the consent received. (Note: consent is not required if the new purpose is required by law)

### **Personal Information – Inquiries and Complaints:**

When The Foundation receives an inquiry or complaint about personal information, or The Foundation's compliance with PIPEDA, they shall provide the individual with a Personal Information Request Form. The form is available for printing from The Foundation's website, or staff can mail it to the individual. They shall also inform the individual that they should return the completed form by mail to The Foundation to the attention of the designated contact. There is no charge for an individual to access their personal information.

When the completed form arrives, the designated contact will, depending on the nature of the inquiry or complaint, investigate and respond, or delegate this task. In any case, the investigation and response should be completed in a reasonable period of time, and no more than the 30-day time limit specified in PIPEDA.

When the inquiry or complaint involves an amendment to personal information, the staff member responding will verify as required, prior to making the change. If The Foundation does not agree to the requested amendment, then staff will attach a statement of disagreement to the record.

When the amendment has been made, or the statement of disagreement attached, staff will then notify third parties, if applicable.

## **Responsibility**

The Foundation President is responsible for compliance with PIPEDA.

The designated contact for privacy matters is the Director of Corporate Services, who may be contacted at:

Cheryl Potter

Samuel Stedman Foundation

P.O. Box 751

Brantford, ON

N3T 5R7



## Consent:

By signing the following, the Bursary Applicant agrees to the collection of the information on the Samuel W. Stedman Bursary Application form.

Applicant Signature \_\_\_\_\_ Date

Parent/Guardian Signature \_\_\_\_\_ Date

Please retain one copy of this agreement for your records and attach one signed agreement with your

Stedman Foundation Bursary Application Checklist

- I have read the application document completely (all sides)
- I have completed ALL parts of the application including Section A Questionnaire with both student and parent/guardian signature
- I have submitted my application by April 30<sup>th</sup>
- I have signed and submitted the Privacy Agreement
- My academic reference is from the CURRENT secondary school/university/college where I am attending and this entire Section B has been completed and signed by that individual. For Mature Students, the reference section will be completed by a person known to the applicant other than a person related to the applicant.
- I have attached my latest official transcript  
  
(accessed online) or an explanation of the reason for failure to submit it
- I have mailed my application to The Samuel W. Stedman Foundation, P.O. Box 751, Brantford, ON N3T 5R7

**YOUR APPLICATION WILL NOT BE CONSIDERED IF YOU ARE UNABLE TO MARK OFF ALL ITEMS ON THE CHECKLIST**