**JUDY HEROLD BURSARY APPLICATION PACKAGE**

Judy Herold was a long-time volunteer, volunteering for the Canadian Cancer Society for over 30 years and volunteering at the Shirley and Jim Fielding Northeast Cancer Centre for nearly 10 years. The Judy Herold bursary was established by Judy Herold’s family to support local students who share Judy’s passion and commitment to nursing, cancer care, volunteerism and community engagement.

The Judy Herold Bursary is awarded annually to a full or part-time student enrolled at a Northeastern Ontario post-secondary institution in a program related to health care and/or cancer care.

**Application Instructions**

**Application deadline: February 28, 2025**

**Submit your completed application package to:**

Via mail:

Health Sciences North Foundation

Re: Judy Herold Bursary

41 Ramsey Lake Road

Sudbury, ON P3E 5J1

Or

Via e-mail:

donate@hsnsudbury.ca

Subject: Judy Herold Bursary

**To apply for the Judy Herold Bursary, please submit the following:**

1. Applicant Information Form
2. Financial Need Assessment Form
3. A written one page document providing responses to the following:
	1. What program are you currently enrolled in and what led you to choose this program?
	2. What are your plans after graduation in regards to employment or future studies?
	3. How your extra-curricular activities (including but not limited to volunteerism and community engagement) are making an impact in Northeastern Ontario.
4. Reference letter inclusive of the contact information of reference
5. Copy of current transcript

**Applicant Information Form**

|  |  |
| --- | --- |
| Last name: | First name: |
| Email: | Phone: |
| Street: | City: | Postal code: |
|  |  |  |  |  |  |
| Post-secondary institution:  |
| Faculty: | Program: | Year: |
| Expected graduation date: | High school attended: |
|  |  |  |  |  |  |
| Is this your first application for the Judy Herold Bursary? YES / NO |
| If no, what other year(s) did you apply?  |
|  |  |  |  |  |  |

**Financial Need Assessment**

Please provide accurate estimates of relevant sources of income and expenses for the 2025 - 2026 academic year.

|  |  |  |
| --- | --- | --- |
|  | **Income for the 2025-2026 school year** |  |
| 1 | Savings/family contributions |  |
| 2 | Awards/scholarships/bursaries/grants |  |
| 3 | Other financial contributions |  |
| 4 | Total expected financial resources (add lines 1 to 3) |  |
|  |  |  |
|  | **Expenses for the 2025-2026 school year** |  |
| 5 | Living expenses |  |
| 6 | Tuition |  |
| 7 | Books and supplies |  |
| 8 | Other (please specify) |  |
| 9 | Total expected expenses (add lines 5-8) |  |
|  |  |  |
| 12 | **Estimated shortfall (subtract line 9 from line 4)** |  |

Please provide additional information regarding financial need, if relevant:

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