

THE DR. PHYLLIS E. BRADSHAW FOUNDATION

APPLICATION FOR TUITION BURSARY

PURPOSE:

To assist students in need of financial support with tuition expenses.

QUALIFICATIONS:

The recipient must be or have been a student at a Roman Catholic Separate School Board High School in either the City of Windsor or the County of Essex.

Alternatively, the recipient must be a blood descendant of George H. Bradshaw, late father of Dr. Phyllis E. Bradshaw.

RESTRICTIONS:

Payment of a Bursary is subject to receipt of evidence of enrollment in any post secondary University, College or Community College in the Province of Ontario.

Bursaries are for a minimum amount of \$700.00 up to a maximum amount of \$1,000.00.

APPLICATION DEADLINE:

The attached application must be fully completed and submitted for consideration by the Selection Committee by no later than April 30th in the year in which you are applying.

NOTE: If all questions are not fully answered and all requested information is not provided, your application may be rejected.

NOTE: Completed applications are to be submitted to your High School.

**\*IMPORTANT\***  
**ONLY FULLY COMPLETED**  
**APPLICATIONS WILL BE**  
**CONSIDERED FOR A BURSARY**

A. PERSONAL DATA

1. Surname of applicant: \_\_\_\_\_

2. Given name(s) of applicant: \_\_\_\_\_

3. Social Insurance Number: \_\_\_\_\_

4. Home address (mailing address if different):  
\_\_\_\_\_  
\_\_\_\_\_  
*Postal Code* \_\_\_\_\_

5. Area Code & Telephone Number:  
Home: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Other: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

6. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

7. Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

8. Marital Status: \_\_\_\_\_

**B. EDUCATION DATA**

1. Confirmation of attendance at Roman Catholic Separate High School last attended:

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**NOTE** Confirmation must be signed by one of the following:

Principal or His or Her Designate    Director of Education    Superintendent of Secondary Schools

2. If applicable, list names, location and years attended of all post secondary Universities, Colleges or Community Colleges in the Province of Ontario at which you are currently enrolled or have been enrolled. (Please provide evidence of current enrollment if applicable).

Institution & location:

	Year(s)
_____	_____
_____	_____
_____	_____
_____	_____

Provide details of program in which you intend to be enrolled; as follows:

Name of University or College \_\_\_\_\_

Area of Study \_\_\_\_\_

Full time \_\_\_\_\_ Part time \_\_\_\_\_

Number of courses \_\_\_\_\_

Level of study:

Diploma \_\_\_\_\_ Certificate \_\_\_\_\_ Bachelor \_\_\_\_\_

Master \_\_\_\_\_ Doctorate \_\_\_\_\_

C. FINANCIAL DATA / INFORMATION OF APPLICANT (Complete where applicable)

1. List, in order, your employment activities in the last three years, including place of employment and whether full time or part time.

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2. Academic awards, grants or scholarships received or receivable:

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3. Actual or estimated gross annual income from employment: \$ \_\_\_\_\_

4. ~~Financial support from spouse: \$ \_\_\_\_\_~~

5. ~~Number of dependents: \_\_\_\_\_~~

6. Financial support from parent(s) or other sponsors: \$ \_\_\_\_\_

7. Government Income: \$ \_\_\_\_\_

Please specify source: \_\_\_\_\_

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8. Do you own any real estate?      Principal residence:    Yes \_\_\_    No \_\_\_  
Recreational property:    Yes \_\_\_    No \_\_\_      Business/farm:    Yes \_\_\_    No \_\_\_  
Rental property:      Yes \_\_\_    No \_\_\_      Other real estate:    Yes \_\_\_    No \_\_\_

9. Do you have any investments? Check as appropriate and list detail and balances.

Stocks \_\_\_\_\_ Precious Metals \_\_\_\_\_ Bonds \_\_\_\_\_ Term deposits \_\_\_\_\_  
Guaranteed Investment Certificates \_\_\_\_\_ Trusts \_\_\_\_\_ RRSP's \_\_\_\_\_ RHOSP's \_\_\_\_\_  
RRIF'S \_\_\_\_\_ Mortgages \_\_\_\_\_ Loans or Accounts Receivable \_\_\_\_\_

Cash on hand, bank accounts: \_\_\_\_\_

List: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Have you received a loan from OSAP? Yes \_\_\_ No \_\_\_

Amount of loan \$ \_\_\_\_\_ Balance owing \_\_\_\_\_

Have you received a loan from a financial institution? Yes \_\_\_ No \_\_\_

Amount of loan \$ \_\_\_\_\_ Balance owing \_\_\_\_\_

Have you received a loan from any other source? Yes \_\_\_ No \_\_\_

Amount of loan \$ \_\_\_\_\_ Balance owing \_\_\_\_\_

1. Have you applied for a loan from OSAP? Yes \_\_\_ No \_\_\_

Amount applied for \$ \_\_\_\_\_

2. Have you received a bursary from this Foundation before? Yes \_\_\_ No \_\_\_

If so, please indicate: Year \_\_\_\_\_ Amount \$ \_\_\_\_\_

Year \_\_\_\_\_ Amount \$ \_\_\_\_\_

Year \_\_\_\_\_ Amount \$ \_\_\_\_\_

D. FINANCIAL DATA / INFORMATION ABOUT APPLICANT'S SPOUSE,  
PARENTS OR SPONSOR

Are you residing with a parent(s) or guardian(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you residing with a spouse, or other sponsor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, with whom? \_\_\_\_\_

Do you receive financial support? Yes \_\_\_\_\_ No \_\_\_\_\_

**IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE, PLEASE COMPLETE THE FOLLOWING:**

1. Name(s) of spouse, parent(s) or sponsor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Relationship to applicant: \_\_\_\_\_

3. List all dependent children of applicant or parent(s): *(including self)*

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

4. Place of employment \_\_\_\_\_

Gross annual income for spouse, parent(s) or sponsor: \$ \_\_\_\_\_

E.

**STATEMENT TO BE COMPLETED BY APPLICANT**

The purpose of this Foundation is to provide tuition bursaries to applicants who must be a "student in need of financial support" to qualify for consideration. Briefly explain why you feel you are a student in need of financial support.

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F.

**DECLARATION OF APPLICANT**

I declare that all information given by me in this application is true and correct in all respects, and give my consent to the Bradshaw Foundation to use it for the purposes of this bursary application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

DR. PHYLLIS EMMA BRADSHAW

Dr. Phyllis Emma Bradshaw was born in Windsor to George and Marie Bradshaw in 1904. When her father, a Canadian National Railways employee, died the money she received was held in trust and eventually paid her way to medical school. She graduated as one of two women in the 1930 class at the University of Toronto. She interned at Detroit City Hospital before setting up private practice as Windsor's first female physician. She maintained this practice until her retirement in 1967. During her career, she also worked as a public health doctor which involved visiting local schools. Dr. Bradshaw died June 5, 1989.

Throughout her life, Dr. Bradshaw believed in education as the hope for the future of the world. To this end, she left the proceeds from her estate to be given to students who have ambition but are stopped by a lack of financial support from their family. Dr. Bradshaw's intention was to financially assist needy students from Roman Catholic High Schools to pursue post secondary education. It is through her foresight and generosity that the Dr. Phyllis E. Bradshaw Foundation is able to continue to provide educational opportunities for the young people of Windsor and Essex County.