

2025 Bursary Application Form

Bursaries, valued at \$1000 each, will be awarded by OMISTA Credit Union. Bursary Recipients will be announced during the week of June 16, 2025.

Eligibility:

- → Student must be in full-time attendance at an accredited university, community college, or certified program in Canada as of October 31, 2025.
- → Student must be an OMISTA Credit Union customer, child, or grandchild of an OMISTA customer.
- → Student must display a financial need.
- \rightarrow Student may be entering any year of study.
- \rightarrow No age restriction.
- \rightarrow Bursary recipients must become a customer of OMISTA Credit Union by August 16th, 2025.

All information must be complete AND documented marks for last three years must be attached or the application will NOT be considered.

Please include with your application, a photo of yourself that may be displayed on our OMISTA website and social channels if you are selected.

Deadline for receipt of Applications is Friday, 5:00 PM, May 9th, 2024.

Submit Applications:

By Mail or in Person: OMISTA Credit Union Bursary – Attention: Deanna LeBlanc

1199 Main Street Moncton, NB E1C 1H9 1192 Mountain Rd. Unit 1 Moncton, NB E1C 2T6 444 Aberdeen Street Fredericton, NB E3B 1B6 2 Gateway Dr. Unit 6 Oromocto, NB E2V 4S3

By Email: Scanned, signed copies of the application and the 3 years of marks to <u>dleblanc@omista.com</u>

For more information, please contact:

Deanna LeBlanc OMISTA Credit Union 1192 Mountain Road Moncton, NB E1C 2T6 Ph: (506) 857-2048 Fx: (506) 859-7697 dleblanc@omista.com <u>www.omista.com</u>

*Funds will be made available November 2025

OMISTA Bursary Application Form

1.	Name of applicant				
2.	Date of birth				
3.	Social Insurance No				
4.	Home address	Mail address (if different)			
5.	Telephone numbers: (h)	(c)			
6.	Email address (By applying for this bursary, you agree to future co	ommunications from OMISTA Credit Union)			
7.	Are you an OMISTA Credit Union customer (if yes, please complete below)	? □ Yes □ No			
	Account Number	Since when?			
8.	Are your parent/guardian/grandparent an OMISTA Credit Union customer? 🗆 Yes 🗆 No				
	(if yes, please complete below)				
	Name(s) of parent(s), guardian(s) or grandparent(s)				
	Account Number	Since when?			
	Address				
	Telephone numbers: (h)				
9.	Course you plan to follow				
10	. Have you been accepted at this university (if yes, a copy of acceptance letter MUST be attach				
11.	Describe your Career objective				



12. Please attach a transcript of your marks for the last three years

	Name of current school you are attending
	Name of Principal/Dean of the school you are attending
	Telephone number:
13.	Describe any involvement or activities in which you have participated in
	School Committees/Involvement
	Community Involvement
	Extra-curricular Activities
	Sports
14.	Please explain why you feel you should receive an OMISTA Credit Union Bursary
15.	Please detail any information you feel OMISTA should consider when reviewing application



16. Please list any other bursaries or scholarships you have been awarded:

	Name of scholarship/bursary	
	Name of scholarship/bursary	Amount
	Name of scholarship/bursary	Amount
17. Prop	posed budget for coming academ	nic year (income and expenses):
Sou	rces of Funds	Use of Funds
Pers	onal Savings \$	Tuition Fees \$
	bloyment Savings	Books & Supplies
	nily Contributions	Room & Board
	er bursaries/scholarships	Transportation
	P's/Student Loans	
	uition Grant	
	er funds (specify)	
	al Funds \$	
inclu resp	erences: Please list the names of th ude teachers, employers, clergy, C ponsible persons. Do NOT include fo	
inclu	e rences : Please list the names of th ude teachers, employers, clergy, C	nree individuals whom OMISTA may contact. You m OMISTA Credit Union staff or directors, or other amily members.
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CONFIDENTIAL

Household Information

This page containing family information MUST be completed to be considered for a bursary. Information will be kept in strict confidence and destroyed once the bursaries have been awarded.

Mature students, who have been out of high school a minimum of four years, may claim independent financial status.

1	Re: Name of applicant:			
	(Student name)			
2	Annual household income for 2023:			
	Employment/Business income (gross)\$PensionsAllowancesOtherTotal household income\$			
3	Number of persons in household:			
	Parents Children Other			
4	How many contribute to the household income?			
5	How many are supported by this income?			
6	Are there household members, other than the applicant, currently attending post-secondar educational institutions?			
7 Please explain any special family circumstances i.e., support for children who do your home, up-coming retirements, income changes etc.		١		

The information stated in this application is true and accurate to the best of my knowledge. I understand that if any portion of this application is incomplete, including the requested transcript of marks for the previous 3 years, it will not be considered.

Signature of parent/guardian/mature student

Date

