

# Spousal Scholarship Application for the 2025-2026 Academic Year

The information given in this form is for the exclusive use of the Canadian Hero Fund (the "CHF") in determining your eligibility for a scholarship. It will be kept strictly confidential.

# **Application Requirements**

- 1. This form and additional required documentation must be submitted to the CHF at the address noted below.
- 2. Additional documentation to be submitted with the application includes:
  - a. A copy of your most recent federal income tax return;
  - b. A recent pay cheque stub;
  - c. Official transcript from your current educational institution or last year of educational studies (if applicable);
  - d. Proof of acceptance to the post secondary institution you intend to attend;
- 3. Please ensure that your name is written on any documents submitted with your application.
- 4. If you have any questions regarding the application process, please contact the CHF at info@herofund.ca or (888) 602-3071.

# **Purpose of Scholarship**

The purpose of the available scholarship is to assist the surviving spouse of a Canadian Forces member who has fallen while serving their country in the course of theatre/training/regular prescribed duties, to upgrade their employment skills by attending a post secondary institution for a professional or trades training program.

These scholarships are intended to assist surviving spouses to secure an independent source of support or to augment an existing source of support in order to re-establish financial stability.

### **Criteria for Eligibility**

In order to qualify for a CHF scholarship, a candidate must meet the following criteria:

- 1. Been married or living common law with a Canadian Forces member who has fallen while serving their country in the course of theatre/training/regular prescribed duties;
- 2. The spouse must not have been remarried at the time the scholarship is first applied for;
- 3. The spouse must have been married or living common law with the fallen Canadian Forces member for 1 year immediately preceding the soldier's death;
- 4. The spouse must apply for the scholarship within 2 years after the Canadian Forces member's passing;
- 5. The spouse must be enrolled in an undergraduate degree or certificate program;
- 6. The spouse must be enrolled for a minimum of 5 credit hours, per term at an eligible post secondary institution; and
- 7. The spouse must, unless there is a justifiable cause, maintain a minimum annual grade average of 50%.

### **Distribution of Scholarships**

Kindly note, all scholarship decisions are made solely by the CHF based on the funds available to the CHF.

Scholarship funds are limited and not everyone who is eligible for a scholarship may receive one in any given year. If in any given year, there are insufficient funds to provide scholarships to every eligible candidate, scholarship decisions will be based on the greatest need among eligible candidates as determined solely by the CHF.

It is the responsibility of the CHF Scholarship Committee to review all submitted applications. The Scholarship Committee is comprised of members of the CHF, and educators. Based on its review, the Scholarship Committee will provide funding recommendations to the CHF's board of directors (the "Board") based upon the following factors:

- 1. Financial need. Preference will be given to candidates for whom the awarding of a scholarship would increase the likelihood of the applicant being able to attend a post secondary institution;
- 2. Likelihood applicant will successfully complete their academic program; and
- 3. Past scholastic achievement.

Final decisions with respect to funding are made by the Board upon the recommendation of the Scholarship Committee. These decisions are final.

Scholarship applications are available online in PDF format via www.herofund.ca.

Canadian Hero Fund Scholarship Applications must be submitted by mail, email or fax.

By Mail:

Canadian Hero Fund 55 Bloor Street West PO Box 19532 Toronto, Ontario M4W 3T9

By Email:

info@herofund.ca

By Fax:

(888) 602-3071

# 2025-2026 Spousal Scholarship Application

Name:		
Social Insurance Number:		
Address:		
City: Province:	Postal Code:	
Daytime Phone:	Evening Phone:	
Email:		
Please list information for fallen Canadia	an Forces member:	
Name:		
Date of Death:		
Academic Information for Applicant:		
Name of post-secondary institution to be	,	
Number of years required to complete p		
Year of program currently entering:		
Dependent Information		
Please list the names and ages of other d	ependents:	
Name(s) & Age(s):		
School(s) Attending:		
Are you paying tuition? Yes N	o Tuition Amount:	
Income:		
Occupation:		
Monthly Gross Salary:	Additional Income:	

Employer:	<del></del>
Employer's Address:	
Additional Information	
Please list any additional so	ources of income not included above:
Source:	Annual Amount:
Please list any additional exeligibility for financial assis	xpenses that you would like considered in determining stance.
Expense:	Annual Cost:
	nition, which you would be able to pay annually, that a post secondary institution.
Amount:	<del></del>
Any special circumstances (Please attach a separate de	you would like the Scholarship Committee to consider ocument if required):

#### **Personal Statement**

Please submit a 1-2 page typed personal statement that:

- 1. Describes the main financial and personal obstacles currently being experienced by your family;
- 2. Describes how the completion of the academic program will assist you and your family to alleviate financial and personal hardship;
- 3. Describes how you will balance your current and future activities regarding school/work/personal demands while enrolled in your chosen academic program. You may wish to include past examples; and
- 4. Include any unique qualifications or strengths in personality or character as well as any special qualities that may set you apart from other applicants.

# **Applicant's Statement**

I have read and understand the policy for granting of scholarships by the Canadian Hero Fund guidelines for the 2025-2026 school year.

I declare that the foregoing statements are true and correct, and I authorize the CHF to make any reasonable and necessary inquiries that may be required to verify the above information.

Applicant's Signature:	Date: