

# Fourth Box Foundation

## Bursary Application

### Mindfulness-Based Interventions

*Bursaries are applicable to certain programs only. They are in limited supply for those who need it most. Incomplete forms will not be considered.*

*We process applications in the order in which we receive them.*

*We will contact applicants directly regarding availability & placement.*

Applicants must meet the following guidelines from Statistics Canada (2017):

Low income cut-offs (per household, before tax)

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons
\$24,600	\$30,625	\$37,650	\$45,712	\$51,846	\$58,473	\$65,101

## Applicant Information

First Name: \_\_\_\_\_ Email: \_\_\_\_\_

Last Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Do you have a valid OHIP card?  Yes  No

Have you applied for our bursary before?  Yes  No

Have you taken one of our programs before?  Yes  No

*If yes, what program have you taken:* \_\_\_\_\_

Requested Program (*e.g. MBCT, MBSR, etc.*): \_\_\_\_\_

By signing here: I, \_\_\_\_\_, the applicant, confirm I meet the low-income cut-offs listed above.

I agree to attend each session, and pay what I can toward the cost of the program, which is \$\_\_\_\_\_\*

*\*Note: The cost of our 8-week programs is \$520, the cost of our 10-week programs is \$620.*

Availability & other comments: \_\_\_\_\_

## Referral Source Information

First Name: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Referring Organization: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ - \_\_\_\_\_

Supervisor Name and Credentials\*: \_\_\_\_\_

*\*Social service workers and/or volunteers are asked to please confirm the applicant's eligibility with a supervisor.*

By signing here: I, \_\_\_\_\_, the referrer, confirm that the applicant:

- (1) has a primary care physician and/or a therapist as required.
- (2) is suitable for a program and is committed to attending each session.
- (3) is in need of financial assistance as per the low income cut-offs listed above.

Recommended program for applicant (*e.g. MBCT, MBSR, etc.*): \_\_\_\_\_

**Please send completed application**

**by fax:** (855) 344-9519 **or email:** info@mindfulnessstudies.com

**Address:** 180 Sudbury Street, Toronto, Ontario M6J 0A8 **Phone:** (647) 524-6216

www.MindfulnessStudies.com

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