

## Privacy Statement

The Newfoundland and Labrador Housing Corporation (NLHC) is subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). Applicants have a right of access to the existence, use and disclosure of their personal information. Further to Section 61(c) of ATIPPA, NLHC require applicant(s) Social Insurance Numbers(s) as that information relates directly to and is necessary for the operation of this NLHC program.

## Adult Scholarship Information

To be eligible for NLHC's Adult Scholarship program, you must be either:

- Living in a NLHC rental unit;
- Living in a rental unit being subsidized by NLHC under the Rent Supplement Program or the Canada-NL Housing Benefit; or
- Living in co-op housing or partner-managed housing which is being subsidized by NLHC.

You must also meet the following eligibility requirement:

- Attend a program of study at any approved post-secondary education or career training institution in the Fall of 2025. You must be enrolled in a full-time program which runs through to December 31, 2025. This attendance must be confirmed.

**If you are graduating from the Newfoundland and Labrador high school system in the current school year and planning to attend a post-secondary education or career training institution in the Fall of 2025, you must apply under the Youth Scholarship.**

### NOTE:

1. Should you change your post-secondary institution after you submit your application, please contact NLHC at 709-724-3055 to have your application updated.
2. Graduates from Adult Basic Education (ABE) are eligible to apply.
3. Tenants living NLHC's market-rental housing are not eligible to apply.
4. This scholarship is not limited to first-year students.
5. If an applicant received a NLHC Youth Scholarship in a previous year, they can apply for an Adult Scholarship. Applicants are eligible to receive an Adult Scholarship twice.
6. Adult Scholarships will be awarded based on questions on the application that assess need, initiative, and community involvement.

To be considered for a scholarship, you must be **registered** at a post-secondary institution, not merely accepted. After you are **registered**, please obtain a letter from your post-secondary institution confirming your registration. You can forward this letter to NL Housing after you submit your application, and both must be received before our deadline of **September 30, 2025**. **Please use either address below to submit your application and your confirmation of registration.**

**Mail to:** Newfoundland and Labrador Housing Corporation  
Attention: Corporate Communications  
P.O. Box 220  
St. John's, NL  
A1C 5J2

**Or Scan/Email to:** [scholars@nlhc.nl.ca](mailto:scholars@nlhc.nl.ca)



# Scholarship Program 2025 Adult Application

## Housing

<b>Applicant:</b>	_____	_____	_____												
	(Last Name)	(First Name)	(Initial)												
<b>Date of Birth:</b>	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Y</td><td>M</td><td>D</td><td> </td><td> </td><td> </td></tr></table>									Y	M	D			
Y	M	D													
<b>Mailing Address:</b>	_____		_____												
	(Street/Apartment)		(P.O. Box)												
	_____		_____												
	(City/Town)		(Province) (Postal Code)												
<b>Cell Phone:</b>	____-____-____	<b>Other Phone (optional)</b>	____-____-____												
<b>E-mail Address:</b>	_____														
<b>Social Insurance No.</b>	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											(Required by Revenue Canada in the event a scholarship is awarded)			

### Client Verification:

**Which housing status applies to you?  
Please check one and provide account number or name where applicable:**

- Rental Housing: Account Number \_\_\_\_\_
- Rent Supplement or Canada-NL Housing Benefit Account Number \_\_\_\_\_
- Co-op Housing: Name of Co-op \_\_\_\_\_
- Partner-Managed Housing: Name of Housing Project \_\_\_\_\_

**Client Verification** (cont'd):

**Please check one:**

I am the leaseholder (my signature appears on the rental lease)

I am an occupant (I did not sign the rental lease)

If you are an occupant, please name the leaseholder: \_\_\_\_\_

Post-Secondary Institution you plan to attend or are attending:

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

Location: \_\_\_\_\_  
(Town/City)

Name of Program: \_\_\_\_\_

Length of Program: 1 Year  2 Years  3 Years  4 Years

Other, please specify: \_\_\_\_\_

Current year of study: 1st Year  2nd Year  3rd Year  4th Year

Other, please specify: \_\_\_\_\_

**Applicant Questions**

1. Why have you decided to continue your education?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How is your program being funded (i.e. income support, student loan, etc.)?

\_\_\_\_\_  
\_\_\_\_\_

3. Have you won a NLHC Adult Scholarship in the past?  Yes  No

4. If so, how many times? \_\_\_\_\_

## Applicant Questions (cont'd)

5. What are your long-term plans?

---

---

---

---

6. How do you think furthering your education will help you in the future?

---

---

---

---

---

7. What challenges do you think you will face, or have faced, by continuing your education (i.e. health, financial, child care, etc.)? Explain.

---

---

---

---

---

8. What are your interests, hobbies, community involvement?

---

---

---

---

---

9. Why do you think you should be considered for this scholarship?

---

---

---

---

---

### Consent

Each year, NLHC issues a news release to media listing the year's winners. Do you consent to NLHC sharing your name, place of residence and education information for publicity purposes should you win a scholarship?  Yes  No

I/We understand that the information provided in this application is being collected for the purpose of administering an NLHC program. This information will only be disclosed to NLHC personnel who need the information to carry out the responsibilities of their job, and to other organizations who may need to be contacted in order to process the application. Section 61(c) of ATIPPA authorizes NLHC to collect information that "relates directly to and is necessary for an operating program or activity of the public body". Questions about NLHC's collection of personal information may be directed to NLHC's ATIPP Coordinator by telephone at (709)724-3004 or by mail at P.O. Box 220, 2 Canada Drive, St. John's, NL, A1C 5J2.

Date

\_\_\_\_\_  
(Applicant Signature)

Y	M	D		