| **PART 1: APPLICANT INFORMATION** | | | |
| --- | --- | --- | --- |
| Last Name: |  | First Name: |  |
| Date of Birth: | \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  (dd / mm / yyyy) | Gender: | **□** Male **□** Female **□** Other |
| Address: |  | | |
| City: |  | Postal Code: |  |

| **PART 2: PARENT/GUARDIAN INFORMATION (IF UNDER 18 YEARS OF AGE)** | | | |
| --- | --- | --- | --- |
| Last Name: |  | First Name: |  |
| Relationship to Applicant: |  | How did you hear about us? |  |
| Address (if different): |  | | |
| City: |  | Postal Code: |  |
| Phone: |  | Email: |  |

| **PART 3: FAMILY INCOME** | | | |
| --- | --- | --- | --- |
| Number of People in Household: |  | Gross Annual Household Income: | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| **PART 4: PROGRAM INFORMATION** | | | |
| --- | --- | --- | --- |
| Name of Institution: |  | Program Name: |  |
| Annual Tuition: | $ | Amount Requested: | $ |
| Start Date: | \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  (dd / mm / yyyy) | End Date: | \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  (dd / mm / yyyy) |
| Address: |  | | |
| City: |  | Postal Code: |  |
| Name of Contact at Institution: |  | Contact Position: |  |
| Phone: |  | Email: |  |
| Proof ofEnrollment**:** | * I have included a copy of my proof of enrollment from an accredited postsecondary institution. | | |

| **PART 5: PROOF OF FINANCIAL NEED** |
| --- |
| If applicant is **under** 18 years of age, please submit your most recent Canada Child Benefit Statement with your application.  **Checklist:**   * I have included a current copy of my Canada Child Benefit Statement with my application.   **Please Note:** Applications lacking a current copy of one’s Canada Child Benefit Statement will be denied. |
| If applicant is **over** 18 years of age, please include:   1. a copy of **your** most recent **Notice of Assessment** 2. acopy of the most recent **Notice of Assessment** for **each adult in your household.**   **Checklist:**  **□** I have included a copy of **my** most recent **Notice of Assessment.**  **□** I have included a copy of the most recent **Notice of Assessment** for **each adult in my household.**  **Please Note:** Applications lacking the required **Notice of Assessment(s)** will be denied. |

| **Part 6: REFERENCES** | | | |
| --- | --- | --- | --- |
| **REFERENCE #1** | | | |
| Last Name: |  | First Name: |  |
| Address: |  | | |
| City: |  | Postal Code: |  |
| Phone: |  | Email: |  |
| Relationship to Applicant: |  | Type of Reference: | □ Letter (enclosed)  □ Telephone reference |
| **REFERENCE #2** | | | |
| Last Name: |  | First Name: |  |
| Address: |  | | |
| City: |  | Postal Code: |  |
| Phone: |  | Email: |  |
| Relationship to Applicant: |  | Type of Reference: | □ Letter (enclosed)  □ Telephone reference |

| **PART 7: CERTIFICATION** | | | |
| --- | --- | --- | --- |
| I certify that the information provided is accurate. I understand that false applications constitute fraud.    **Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **FOR OFFICE USE ONLY** | | | |
| **Received:** |  | **Reviewed:** |  |
| **Decision:** | Approved / Denied | **Amount:** |  |