| **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:** |  |