

Award and Scholarship Application Form

Award info	
Award name:	Award number:
Deadline to apply:	Received (office use):
Award criteria:	

Applicant info		
Last name	First name	
Student ID	Social Insurance Number	
Program of study	Year of study	
Street address		
City	Province	Postal code
Home phone number	Cellular phone number	

*Only successful candidates will be notified. Award recipients will be notified at their Georgian email address.
Please note: funds are subject to receipt from donor.*

Supporting documents
The following supporting documents are required for this award application
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Award and Scholarship Budget Form

Applicant info

Last name		First name	
Student ID		Social Insurance Number	

Please note that applicants are required to submit this document along with the application form, consent form and required supporting documents in order to be eligible for this award.

INCOME AND RESOURCES:

Total of all savings at the beginning of your study period, before paying for any educational costs		\$
Academic Awards, scholarships, bursaries (Specify type or source _____)		\$
Your net income from part-time work during study period \$ _____ per month X _____ months		\$
Spouses net income during your study period \$ _____ per month X _____ months		\$
Government benefits (specify source e.g. E.I., WSIB, ODSP, CPP etc.) \$ _____ per month X _____ months		\$
Child Tax Benefit \$ _____ per month X _____ months		\$
GST \$ _____ quarterly X _____ payments		\$
Any other income or financial assistance (child support, alimony, rental income, financial support from parents, relatives etc.) Specify source: _____ _____ _____		\$
Amount of OSAP or Line of Credit limit for your study period		\$
TOTAL INCOME AND RESOURCES		\$

Expenses:		
Tuition and compulsory fees for your study period		\$
Books and Supplies		\$
Rent	\$ ____ per month X ____ months	\$
Food, household and personal	\$ ____ per month X ____ months	\$
Utilities (natural gas, electricity, water etc.)	\$ ____ per month X ____ months	\$
Telephone, cable & internet	\$ ____ per month X ____ months	\$
Local travel (gas, bus pass)	\$ ____ per month X ____ months	\$
Child care costs you have to pay for children 11 years of age or younger	\$ ____ per month X ____ months	\$
Other expense (please specify)		\$

TOTAL INCOME AND RESOURCES		\$

TOTAL:		
Total Income and Resources		\$
Less Total Expenses		\$
Financial Need Total		\$

Signature	Date
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Submit your completed application to:

Awards Officer

Advancement and Community Development

Room E200, Barrie Campus

Georgian College

One Georgian Drive

Barrie ON L4M 3X9

Applicant's Consent to Release Information

Consent for release of information

Georgian College is compliant with the *Freedom of Information and Protection of Privacy Act, 1990* and endeavors to protect your personal information in accordance with this Act. All information collected for the online awards and scholarships application process will be kept confidential. Georgian College respects your privacy. The legal authority for the collection of this information is the *Ontario Colleges of Applied Arts and Technology Act 2002, S.O. 2002, c.8, Schedule F*. The information collected for the online awards and scholarships application process will not be used for any purposes other than:

- a) The use of personal information such as name, program and campus obtained by Advancement and Community Development pertaining to my application for this awards and scholarships. Includes the use of thank you letters.
- b) The use of any photograph, taken by College Personnel which contains me in it. Includes photographs taken at award ceremonies, photographs being sent to donors, photographs being used to promote awards and scholarships on campus and photographs being posted on the Georgian College awards website.
- c) The requisition and provision of any information held by Georgian College relating to my application, including but not limited to personal evaluations and transcripts to the award donor or selection committee.
- d) Collection of academic and personal information from Georgian's student information system. This information is used to verify your award and scholarship eligibility.

*I understand that if I am the recipient of this award, my name, program, campus and the name of the award may be used for promotional purposes which includes College publications, broadcasts, and advertising, and/or use by the media in connection with the printing or broadcast of College related publicity.

*I also hereby make an application for an award, and I declare that the information of this form is complete and true to the best of my knowledge and belief. I understand Georgian College reserves the right to refuse assistance to any applicant who has knowingly made false statements on his/her application or is not in good academic standing when they are to receive the monies.

Signature

Date