

**AWARDS/BURSARIES/SCHOLARSHIPS**  
(Official Application/Nomination Form)

**CAMPUS:**  Brockville  Cornwall  Kingston

**AWARD #:** \_\_\_\_\_ **AWARD NAME:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **STUDENT NUMBER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **SOCIAL INSURANCE NUMBER:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **PHONE NUMBER:** ( ) \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **INTERNATIONAL STUDENT:**  Yes  No

**PROGRAM:** \_\_\_\_\_ **SEMESTER:** (Circle) 1 2 3 4 5 6

It is very important to complete all portions of this form, including the reverse side; as incomplete forms may be withdrawn from the competition.

**ACADEMIC RECOGNITION:** Scholarships, prizes and awards

Please describe: \_\_\_\_\_

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**EXTRACURRICULAR ACTIVITIES:** Sports, clubs etc.

Please describe: \_\_\_\_\_

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**COMMUNITY ACTIVITIES/VOLUNTEER WORK:** Types of activities/volunteer work

Please describe: \_\_\_\_\_

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**ADDITIONAL INFORMATION:** Relevant information

Please describe: \_\_\_\_\_

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Over...

## AWARDS/BURSARIES/SCHOLARSHIPS

**THIS SECTION IS TO BE COMPLETED ONLY IF FINANCIAL NEED IS PART OF CRITERIA**

**Please indicate your projected income and expenses from September to April.**

<b>Income</b>		<b>Expenses</b>			
OSAP	\$ _____	Tuition	\$ _____		
Personal Savings	\$ _____	Books/Supplies	\$ _____		
Government Income	\$ _____	Rent	\$ _____		
Awards, Scholarships	\$ _____	Food	\$ _____		
Part Time Employment	\$ _____	Travel	\$ _____		
Parental/Spousal Asst.	\$ _____	Child Care	\$ _____		
Other	\$ _____	Other	\$ _____		
<b>TOTAL</b>	<b>\$ _____</b>	<b>TOTAL</b>	<b>\$ _____</b>		
<b>TOTAL INCOME</b>	<b>\$ _____</b>	<b>minus TOTAL EXPENSES</b>	<b>\$ _____</b>	<b>=FINANCIAL NEED</b>	<b>\$ _____</b>

**Please explain how this bursary would be of benefit to you:** \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**FREEDOM OF INFORMATION AND PROTECTION OF INDIVIDUAL PRIVACY ACT**

I, hereby, give consent to the Awards Office to utilize the information on this application only for the purpose of assessing my candidacy for a bursary. I further give permission to the Awards Office to access my academic records and to consider information in my current OSAP file, if any.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return completed applications to:**

- Kingston: Alumni, Awards & Development Office (Room 02000)
- Brockville: Customer Service Centre
- Cornwall: Customer Service Centre