

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

CAMPUS: Brockville

AWARD #: 1299

AWARD NAME: Marianne van Silfhout Bursary

NAME: _____ **STUDENT NUMBER:** _____

ADDRESS: _____

CITY: _____ **Postal Code:** _____ **PHONE NUMBER:** () _____

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It is very important to complete all portions of this form, including the reverse side; as incomplete forms may be withdrawn from the competition.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

EDUCATIONAL GOALS: Programs, courses etc.

Please describe: _____

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

Please describe: _____

ADDITIONAL INFORMATION: Relevant information

Please describe: _____

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.

Income

Personal Savings \$ _____
OSAP \$ _____
Awards, Scholarships \$ _____
P/T Job \$ _____
Parental/Spousal Asst..... \$ _____
Government Income \$ _____
Other \$ _____

Expenses

Tuition..... \$ _____
Books/Supplies..... \$ _____
Rent..... \$ _____
Food..... \$ _____
Travel..... \$ _____
Child Care \$ _____
Other \$ _____

TOTAL \$ _____

TOTAL \$ _____

TOTAL INCOME..... \$ _____ minus TOTAL EXPENSES.... \$ _____ = FINANCIAL NEED \$ _____

Please explain how this bursary would be of benefit to you: _____

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 to Customer Service Centre