



FINANCIAL NEED BURSARY FORM

GENERAL APPLICANT INFORMATION *INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED*

_____		_____		_____			
Last Name		First Name		Middle			
_____		_____		_____			
Street Address or Apt/Box Number		Town/City		Postal Code			
_____		_____		_____			
Phone Number(s)		NLC Student ID or Birthdate		_____			
_____		_____		_____			
Name of Program Attending		Location/Campus		Start Date		End Date	
_____		_____		_____		_____	

APPLICANT DECLARATION:

I hereby declare that the information in this application and its attachment(s) is correct and complete and I understand that it will be used in determining my eligibility for this award. I also grant permission for my name and study plans to be released publicly if I am a recipient of this award. Information on recipients of bursaries that are strictly based on financial need will not be released publicly.

I have already received a SA Financial Need Bursary this academic year: YES NO

Signature of Applicant _____ Date

AWARD INFORMATION

- There are 60 Financial Need Bursaries awarded each year.
- Each award is for \$200.
- Students **may not** receive more than one award per academic year.
- There are four disbursements held. October 9, December 11, March 5 and April 8
- **Cheques are mailed to the address provided on this form.**

This form is to be completed by the applicant when applying for NLC awards and is to be forwarded (along with supporting documents) to the

Attention Cleo Carifelle Student Awards Administrator
awards@northernlakescollege.ca
Northern Lakes College
1201 Main Street SE, Slave Lake AB T0G 2A3
Phone (780) 849-8723.



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FINANCIAL INFORMATION

(YOUR COUNSELOR CAN HELP YOU WITH THIS SECTION IF NEEDED)

Name of Applicant _____ Date: _____

Marital Status (circle one): Single Married/Common-law Separated Divorced

No. of Dependents (circle one): 0 1 2 3 4 or more

Name of sponsoring agency (if applicable) _____

INCOME (monthly)

Savings (at start of Program) \$ _____
 Part-time Earnings \$ _____
 Parental Support \$ _____
 Spouse's Income \$ _____
 Family Allowance \$ _____
 Sponsor living allowance \$ _____
 Other income \$ _____
 \$ _____
 \$ _____

TOTAL INCOME \$ _____

EXPENSES (monthly)

Rent/Mortgage \$ _____
 Room/Board \$ _____
 Food \$ _____
 Utilities \$ _____
 Transportation \$ _____
 Child care \$ _____
 Medical/Dental \$ _____
 Insurance \$ _____
 Other:
 (Describe below) \$ _____

TOTAL EXPENSES \$ _____

Educational Costs NOT covered by Funding Agency:

Tuition: \$ _____
 Other Fees: \$ _____
 Books & Materials: \$ _____
 Other Educ Exp. \$ _____

Explanation of "Other Expenses" or "Other Educational Expenses"

DESCRIPTION OF FINANCIAL NEED (TO BE COMPLETED BY STUDENT)

Provide information on the circumstances that have led to this request for assistance:



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REFERENCES A or B must be completed; C must be completed.

A. CAMPUS LEARNING FACILITATOR

Overall Program: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Satisfactory
Comments: _____ _____
Instructor Signature: _____ Date: _____

OR

B. COURSE INSTRUCTORS

Course Name: _____ <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Satisfactory
Comments: _____
Instructor Signature: _____ Date: _____

Course Name: _____ <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Satisfactory
Comments: _____
Instructor Signature: _____ Date: _____

Course Name: _____ <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Satisfactory
Comments: _____
Instructor Signature: _____ Date: _____

PLEASE NOTE APPLICATIONS AFTER THE DEADLINE WILL BE CONSIDERED FOR NEXT BURSARY DISPERSMENT. Date: _____

Student: _____ Student ID # _____