



**Mission:** To inspire lifelong learning and leadership through experience, excellence and innovation.  
**Vision:** Transforming the future through innovative learning.  
**Values:** We value learner success, integrity, respect, community, excellence and innovation.

LEADING.  
LEARNING.  
SINCE 1913.

## ENVIRO CLUB AWARD APPLICATION

The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act for the purpose of determining your eligibility for awards. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator (5707 College Drive, Vermilion AB; 780-853-8524; [FOIP@lakelandcollege.ca](mailto:FOIP@lakelandcollege.ca)).

**DEADLINE FOR APPLICATION: January 25, 2021**

Submit application via email to: [financialaid@lakelandcollege.ca](mailto:financialaid@lakelandcollege.ca).

### CRITERIA

1. Available to full-time students at the Vermilion campus with satisfactory academic standing.
2. Applicants must write an implementable plan or proposal for environmental improvement in one or more areas of Lakeland College.

**\*PLEASE ATTACH YOUR PLAN/PROPOSAL TO THIS APPLICATION. ALL SUBMISSIONS MUST BE TYPED.\***  
**APPLICATIONS SUBMITTED WITHOUT THE ATTACHMENT WILL NOT BE CONSIDERED**

### PERSONAL INFORMATION

Lakeland College Student ID#:	Social Insurance Number (Required):		
Last Name:	First Name(s):		
Permanent/Home Address:  Street/Box # _____  Town _____ Prov. _____ PC _____  Cell Phone # _____  Email Address _____	Date of Birth: (dd/mm/yyyy)		Citizenship:
	Current Age:	Gender:	<input type="checkbox"/> Canadian <input type="checkbox"/> Student Visa <input type="checkbox"/> Other: _____
	For award purposes, please declare Indigenous Heritage (Optional): <input type="checkbox"/> Indian/First Nations (Status or Non-Status) <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Not applicable		
Program of Study:	Year of Study: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		

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, hometown, and award information 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. If I do not wish my name and award information to be released publicly I may contact the Financial Aid & Awards Office to request that this information not be disclosed. However, I understand that certain limited information may be shared with the donor and provincial or federal government for reporting and tax purposes.

Successful recipients agree that photographs taken at the donor appreciation celebration may be shared with donors and used by Lakeland College in promotional materials. I may contact the Financial Aid & Awards Office ([financialaid@lakelandcollege.ca](mailto:financialaid@lakelandcollege.ca)) if I have any concerns.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\*All Information will remain CONFIDENTIAL unless authorized by the FOIP Act of Alberta\*