



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.

STELMACH COMMUNITY FOUNDATION BURSARY 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).

DEADLINE TO APPLY: November 15, 2020

Submit via email to: financialaid@lakelandcollege.ca

AWARD CRITERIA- Available to students who are in their 2nd or subsequent year, enrolled in full-time studies in a post-secondary program at Lakeland College. Awarded based on:

- Financial need.
- Satisfactory academic standing.
- Perseverance in overcoming barriers, obstacles and challenges to further their education.
- Intent to use education to make a difference in the lives around them.
- Must be an Alberta resident.

PERSONAL INFORMATION

Lakeland College Student ID#:	Social Insurance Number (Required):		
Last Name:	First Name(s):		
Permanent/Home Address: Street/Box # _____ Town _____ Prov. _____ PC _____	Date of Birth: (dd/mm/yyyy)	Current Age:	Sex:
Cell Phone # _____	Marital Status:	# of dependents:	
Email Address _____	Citizenship: <input type="checkbox"/> Canadian <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Student Visa		
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		Year of Study: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Program of Study:	Campus:	Expected Graduation Date:	

PLEASE INDICATE YOUR FINANCIAL RESOURCES FOR THE CURRENT ACADEMIC YEAR

Complete the following budget for the TOTAL ACADEMIC YEAR . Spousal/Dependent resources and/or expenses should be included in totals, if applicable.			
Total Resources For The 2020/21 Academic Year		Total Expenses For The 2020/21 Academic Year	
Government Student Loan	\$	Tuition and Fees	\$
Bank Student Loan or Line of Credit	\$	Books and Supplies	\$
Sponsorship (Who? _____)	\$	Field Trips/Practicums	\$
RESP	\$	Rent _____ X _____ Month(s)	\$
Pre-Study Savings	\$	Utilities _____ X _____ Month(s)	\$
Parental/ Spousal Contribution	\$	Food _____ X _____ Month (s)	\$
Scholarships/Bursaries	\$	Transportation _____ X _____ Month(s)	\$
Part-time Earnings (while in school)	\$	Childcare (if applicable) _____ X _____ Month(s)	\$
Other Income _____	\$	Other Expenses _____ X _____ Month(s)	\$
TOTAL INCOME	\$	TOTAL EXPENSES	\$
COMMENTS/ ADDITIONAL INFORMATION:			

HOW HAVE YOU PERSEVERED TO OVERCOME BARRIERS, OBSTACLES AND CHALLENGES TO FURTHER YOUR EDUCATION?

HOW DO YOU INTEND TO USE YOUR EDUCATION TO MAKE A DIFFERENCE IN THE LIVES AROUND YOU?

NOTE: APPLICANTS MUST COMPLETE THE ALL SECTIONS OF THIS FORM IN ORDER TO BE ELIGIBLE FOR THIS AWARD

If answers require more space than allotted, additional pages may be attached.

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. Information on recipients of bursaries that are strictly based on financial need will not be released publicly. However, I understand that certain limited information may be shared with the donor and provincial or federal government for reporting and for 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) if I have any concerns.

Applicant's Signature: _____

Date: _____

All information will remain CONFIDENTIAL as per the FOIP Act of Alberta