



ALUMNI ASSOCIATION BURSARY APPLICATION

Name:		
	(Last Name)	(First Name)

Student Number:	
Social Insurance Number:	

Award Application Deadlines are:

- Fall - November 1
- Winter - March 1
- Summer - June 1

You must meet the following requirements to be considered for this award.

1. Contact the Douglas College Registrar’s Office at 604-527-5478 for ways to order your transcript or [order online](#) and request that your transcripts be sent to the Alumni Office.
2. Returning students who have a cumulative grade point average of 2.0 and have completed 45 or more credits of the university transfer program at Douglas College or a student who has completed a set program of studies at Douglas College.
3. Provide proof of registration (ie; transcripts/certifications or a receipt of payment of courses to be taken from the educational institution that you will be attending.)
4. Evidence of College and/or community service; (ie; letter of reference and support)
5. Have need of monetary assistance.

Detailed descriptions of awards and bursaries offered through Douglas College Foundation can be found on the Douglas College website.

Remember to sign and date this application on the last page.

(Please print in ink. Failure to complete all sections could result in disqualification of your application.)

Financial Information:

I have applied for or received:

Government Loans/Grants:

Please check: Yes _____ or No _____

Alumni Bursary: Yes _____ or No _____

Budget: Please itemize your anticipated expenses and income for the current semester. Married students must list entire household income and expenses.

Semester Expenses (4 months) A		Semester Income (4 months) B		Semester Exceptional Expenses C	
Rent/Mortgage	\$	Aid from parent/sponsor	\$	Insurance (Car/House/Life)	\$
Utilities	\$	Part-time work	\$	Non refundable dental work	\$
Food	\$	Spouse's Net Income	\$	Glasses/Contacts	\$
Clothing	\$	HRDC/E.I Funding	\$	Car repairs	\$
Transportation	\$	Child Support	\$	House repairs	\$
Daycare	\$	Daycare Subsidy	\$	Non refundable medical costs	\$
Miscellaneous	\$	Social Assistance	\$		
Loans/Credit Payments	\$	Other income investments	\$		
Medical/Dental Premium	\$	Savings at start of term	\$		
Other (Specify)	\$	Scholarships/Bursaries/Awards	\$		
Tuition/Books/Supplies	\$	Government loans/grants	\$		
Exceptional Expenses	\$				
Total	\$	Total	\$	Total	\$

Expenses (A) & (C)	Minus	Income (B)	Equals	Need	\$
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If you are enrolled in less than 12 credits, do you have a part time job? Yes No

If you are not working part-time, why not?

For Office Use Only	Date Received:	
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Personal Information:

Name: _____
Last Name First Name

Mailing Address: _____

City: _____ Postal Code: _____

Phone Number: _ (____) _____ Email: _____

Male Female

Birth date: ____/____/____
(Year) (Month) (Date)

Citizenship:

Canadian Landed Immigrant Convention Refugee

Who are you living with:

Parents/Guardian Spouse Roommate Self

Marital Status:

Married/Common-Law Single Single Parent

Number of children in your custody? Ages: _____

Program graduated from? _____ GPA: _____

What is your career goal? _____

Please provide evidence of College and/or community service:
(Attach a separate sheet if necessary)

Please provide evidence of continuing education or professional development activities:

Please provide evidence of scholastic ability or special aptitude in your chosen field:

Declaration:

I hereby declare that the information on this application is, to the best of my knowledge correct and that I have read and understood the directions at the beginning of this application. I authorize the Alumni Association to verify any or all of the above statements if deemed necessary.

I understand that:

1. My application will be reviewed by the Douglas College Alumni Selection Committee.
2. Should I be successful in obtaining an award, information given of this application may be released to my donor and I will be asked to write a letter of appreciation.

I give my permission to the Student Financial Aid Office:

3. To use information from my student loan application and assessment to verify information on my award application;
4. To give the Student Service Branch information about my academic standing, awards, living arrangements, marital status and financial status;
5. To check my transcripts for the purpose of ascertaining my semester and cumulative Grade Point Average; also to confirm my status as either part-time or full-time, and to confirm my field of study.

I agree to:

Have my name appear in the Alumni Newsletter

Yes No

Signature of Student

Date Signed

	For Office Use only			0-3 points
	0	1	2	3
1				
2				
3				
4				
5				
	Sub-Total			

Total: _____