



### ALUMNI ASSOCIATION BURSARY APPLICATION

<b>Name:</b>		
	(Last Name)	(First Name)
<b>Student Number:</b>		

Mailing Address:

City:

Postal Code:

Phone Number: (    )

Email:

Program graduated from?

#### Award Application Deadlines are:

**Fall-November 1**

**Winter-March 1**

**Summer-June 1**

Applicants are required to meet the following requirements to be considered for this bursary.

1. 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.
2. Provide proof of registration (ie; un-official transcripts/certifications or a receipt of payment of courses to be taken from the educational institution that you will be attending.)
3. Evidence of community service; (ie; letter of reference and support)
4. Demonstrated financial need.

<b>Please remember to complete all sections - sign and date this application on the last page or it could result in disqualification of application.</b>	
<b>For Office Use Only</b>	<b>Date Received:</b>

**Financial Information:**

Budget: Please itemize your anticipated expenses and income for the current semester.

Semester Expenses (4 months) <b>A</b>	Semester Income (4 months) <b>B</b>	Semester Exceptional Expenses <b>C</b>
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	Other income/ investments	Non refundable medical costs
Miscellaneous	Social Assistance	
Loans/Credit Payments	Daycare Subsidy	
Medical/Dental Premium	Scholarships/ Bursaries/Awards	
Other (Specify)	Savings at start of term	
Tuition/Books/Supplies		
Exceptional Expenses		
<b>Total:</b>	<b>Total:</b>	
<b>Grand Total [(A+C)-B]:</b>		

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?

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 bursary 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

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Signature of Student \_\_\_\_\_ Date Signed \_\_\_\_\_

	For Office Use only			0-3 points
	0	1	2	3
1				
2				
3				
4				
5				
	<b>Sub-Total</b>			

**Total:** \_\_\_\_\_