

# LIONS OF ALBERTA FOUNDATION

## BURSARY APPLICATION

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**YOU must:**

- 1) Complete the forms
- 2) Submit the application to your Program Chair, Instructor or a Counselor to support the information submitted.
- 3) Program Chair, Instructor or Counselor to forward the Student Awards Office.

**Important:**

Be thorough in your answers, giving as much information as possible. The Bursary is intended for sight-impaired students entering their second semester. Consideration also given to those entering their first semester. One time only award. Application deadline – February 28<sup>th</sup> of current year

**Bursaries are:** non-repayable awards given based on financial need, academic success and sight-impairment. \$1000.00. Two available for this School / College

**Eligibility**

- 1). You must show financial need.
- 2). You are enrolled as a full-time student.
- 3). Consideration will be given to students who cannot carry a full study program due to sight impairment.
- 4). ALL sections to be completed for consideration.
- 5). Your Program Chair, Instructor or Counselor's signature.

**NAME OF APPLICANT;** \_\_\_\_\_

**STUDENT ID ;** \_\_\_\_\_ **PROGRAM;** \_\_\_\_\_

**S I N. #;** \_\_\_\_\_ **DATE OF BIRTH ;** \_\_\_\_\_

**MAILING ADDRESS;** \_\_\_\_\_

**POSTAL CODE;** \_\_\_\_\_ **TELEPHONE #;** \_\_\_\_\_

**YEAR OF STUDY;** \_\_\_\_\_ (indicate 1<sup>st</sup> or 2<sup>nd</sup> Year)

**ACCOMMODATION;** Parents Home , Shared Accommodation , Renting , Other  (explain) \_\_\_\_\_

**DESCRIPTION OF DISABILITY;** \_\_\_\_\_

**CNIB REGISTERED;** YES  NO \_

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Financial: If you applied for a student load, were you denied? For what reason?

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Did you appeal the denial? What was the result? \_\_\_\_\_

TOTAL SAVINGS AS OF SEPTEMBER 1<sup>ST</sup> TOTAL \$ \_\_\_\_\_  
 AMOUNT OF STUDENT LOANS \$ \_\_\_\_\_  
 GRANTS, GIFTS ETC. \$ \_\_\_\_\_

TOTAL AVAILABLE FUNDS \$-----

SUBTRACT CURRICULUM COSTS \$-----  
 TOTAL FUNDS AVAILABLE \$ \_\_\_\_\_

(DIVIDE BY THE NUMBER OF MONTHS IN YOUR PROGRAM) THIS IS

YOUR MONTHLY LIVING ALLOWANCE \$ \_\_\_\_\_

### MONTHLY EXPENSES AND RESOURCES

MONTHLY EXPENSES	\$	<u>MONTHLY RESOURCES</u>	\$
Vehicle payment	\$ _____	Part Time Work	\$ _____
Rent	\$ _____	Parent/Spouse contribution	\$ _____
Food & Personal Care	\$ _____	Child Support/Alimony	\$ _____
Utilities	\$ _____	E I	\$ _____
Clothing	\$ _____	A V T. Allowances	\$ _____
Transportation	\$ _____	Canada Manpower	\$ _____
Insurance	\$ _____	Insurance Company	\$ _____
Assistantships	\$ _____	Bursaries/Stipends	\$ _____

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**MONTHLY EXPENSES (cont)**

Indian/Northern \_\_\_\_\_

Orphan \_\_\_\_\_

**TOTAL EXPENSES**            \$ \_\_\_\_\_

**MONTHLY RESOURCES (cont)**

Affairs \$ \_\_\_\_\_

Benefits \$ \_\_\_\_\_

Student loans \$ \_\_\_\_\_

**TOTAL INCOME**                    \$ \_\_\_\_\_

**IF YOU OWN A VEHICLE:**

Year                    Amount owing\$                    Do you drive to school? Yes  No  \_\_\_\_\_

Do you have a field placement in your program? Yes  NO  \_\_\_\_\_

What other assets do you own? List and values \_\_\_\_\_

What amount, if any, is owed on these assets? \_\_\_\_\_

**EXPLAIN. IN DETAIL. THE NEED FOR FINANCIAL ASSISTANCE:**

I declare the information I have given is true to the best of my knowledge.

Student Signature, \_\_\_\_\_

Date \_\_\_\_\_

Student name - please print \_\_\_\_\_

Forward completed form to LOAF Chairperson: 2320 11<sup>th</sup> Ave. N.E. Medicine Hat, AB. T1C 1Z1

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FOR THE USE OF THE PROGRAM CHAIR, INSTRUCTOR OR  
STUDENT COUNSELOR ONLY.

You may choose to use the following to rate this applicant.  
Please indicate which of the following will apply to the applicants need.

- 1) Critical need \_\_\_\_ 2) Significant need \_\_\_\_\_ 3) Identified need(low priority) \_\_\_\_\_  
4) Cannot support \_\_\_\_

**The following space to provide further comments or supporting statement.**

**Program Chair/Instructor/Counselor , Signature; \_\_\_\_\_ & Print \_\_\_\_\_**

**College Name ; \_\_\_\_\_**  
(Please Print)

This application will not be considered without this page being completed and signed by one of the above.

Upon receipt of the application and approval by our Board a cheque will be drawn on the Bursary account and forwarded to the school for presentation at a time of your choosing. The amount of the Bursary is \$1,000.00. The limit is two per facility. We would appreciate a letter from the recipient.

**APPROVALS: \_\_\_\_\_**

Date