



# Lions of Alberta Foundation

## SIGHT BURSARY APPLICATION

*Deadline: February 28 | Value: \$1,000 | One-time Award*

- Complete the application.
- Submit the application to your Program Chair, Instructor or a Counsellor to support the information submitted.
- Program Chair, Instructor or Counsellor may forward to the Student Award office.
- Applicant: be thorough in your answers, giving as much information as possible.
- The Sight Bursary is a non-repayable award given based on financial need, academic success and sight impairment.
- **Value: \$1000.00.** Two available per School/College.

### Eligibility

- \*You must show financial need
- \*You must be enrolled as a full-time student
- \*Consideration will be given to students who cannot carry a full study program due to sight-impairment
- \*Sight-impaired students (20/40 vision or worse) entering their first or second semester. One time only award.
- \*All sections must be completed for consideration
- \*Program Chair, Instructor or Counsellor's signature is required

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### A. APPLICANT INFORMATION

- Full Name: \_\_\_\_\_
- Student ID: \_\_\_\_\_
- Date of Birth (YYYY-MM-DD): \_\_\_\_\_
- Program: \_\_\_\_\_
- Year of Study (select one): ☐ 1st      ☐ 2nd
- Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
- Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- Accommodation (select one):  
☐ Parents' Home   ☐ Shared   ☐ Renting   ☐ Other: \_\_\_\_\_

### B. SIGHT IMPAIRMENT

- Are you registered with CNIB?   ☐ Yes      ☐ No

- Description of Visual Disability:
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### C. FINANCIAL INFORMATION

Have you applied for student loans? ☐ Yes ☐ No

If denied, explain reason: \_\_\_\_\_

- Did you appeal? ☐ Yes ☐ No Result: \_\_\_\_\_

#### Financial Resources

- Total Savings (as of Sept 1): \$ \_\_\_\_\_
- Student Loans: \$ \_\_\_\_\_
- Grants, Gifts, etc.: \$ \_\_\_\_\_
- Total Available Funds: \$ \_\_\_\_\_
- Less Tuition/Curriculum Costs: \$ \_\_\_\_\_
- Net Available (÷ by Program Months): \$ \_\_\_\_\_ /month

☒ Statement & Program Confirmation

### D. FINANCIAL NEED EXPLANATION

*Briefly explain your need for financial assistance:*

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#### Declaration:

I declare the above information is complete and accurate to the best of my knowledge.

- **Applicant Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_
- **Print Name:** \_\_\_\_\_

### E. TO BE COMPLETED BY PROGRAM CHAIR / INSTRUCTOR / COUNSELLOR

- Student's Financial Need (check one):  
☐ Critical ☐ Significant ☐ Identified (low priority) ☐ Cannot support
- Name & Title: \_\_\_\_\_
- Signature: \_\_\_\_\_

#### Submit completed form to:

PDG Lion Dave Leshchyshyn, Coordinator  
c/o Lions of Alberta Foundation  
44 Lakeview Crescent  
Sylvan Lake AB T4S 1J7