

Award and Scholarship Application Form

Deadline to apply:		Date stamp (office):	
Award number:		Award name:	
Student I.D.:		Student name:	
S.I.N.		Campus:	
Year of Study:		Program:	
Mailing address:			
Phone:			

Only Successful candidates will be notified.

Successful Candidates will be notified by e mail at their Georgian College e mail address e.g." yourstudentnumber@student.georgianc.on.ca."

Funds are subject to receipt from donor.

Yes	No	
		<u>Financial need</u>
		Did you apply for OSAP this year?
		Do you live on your own?
		Do you live with family?
		Do you live with a spouse/partner?
		Do you have any dependents?
		Do you pay for childcare?
		Do you walk to school or commute by public transit?
		Do you pay for gas, vehicle maintenance or insurance?
		Do you work part-time or full-time while attending school?
		Do you work part-time or full-time when you are not attending school?
		Are you 100 percent responsible for the cost of your education and living expenses?
		Is anyone financially assisting you in any way?
		Do you receive income from the federal or provincial government excluding OSAP?

Following the online application instructions carefully, list and attach the supporting documents you are submitting.
Incomplete, late or illegible applications will not be considered.

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Submit your completed application to:

Awards Officer
 Office of Development & Alumni Relations, Room C259
 Georgian College
 One Georgian Drive, Barrie, ON L4M 3X9

Applicant's Consent To Release Information

Pursuant to section 39(2) of the Freedom of Information and Protection Act,

I, _____, hereby consent to:

- a) The use of personal information such as name, program and campus obtained by the Office of Development and Alumni Relations pertaining to my application for this award/scholarship. Includes the use of thank you letters.
- b) The use of any photograph, taken by College Personnel which contains me in it.
- c) The requisition and provision of any information held by Georgian College relating to my application, including but not limited to personal evaluations and transcripts to the award donor or selection committee.

I understand that if I am the recipient of this award, my name, program, campus and the name of the award may be used for promotional purposes which includes College publications, broadcasts, and advertising, and/or use by the media in connection with the printing or broadcast of College related publicity.

The legal authority for the collection of this information is the Ontario Colleges of Applied Arts and Technology Act 2002, S.O. 2002, c.8, Schedule F.

For information about awards and scholarships, please contact: The Awards Assistant at (705) 728-1968, extension 1483 or awards@georgianc.on.ca.

For information about the Freedom of Information and Protection of Privacy Act, please contact the Freedom of Information Coordinator at (705) 728-1968, extension 1633.

I also hereby make an application for an award, and I declare that the information of this form is complete and true to the best of my knowledge and belief. I understand Georgian College reserves the right to refuse assistance to any applicant who has knowingly made false statements on his/her application or is not in good academic standing when they are to receive the monies.

Date: _____

Signature: _____

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