

# Camosun College Foundation DESIGNATED BURSARY APPLICATION

**COMPLETE and SIGN application in INK. Shaded areas for FA&A office use only.**

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Bursary Name:					Bursary Code:									
Student Number:	C							SIN:						
Last Name:					First Name:									
Address:					Birth Date:									
City/Prov:					Program of Study:									
Postal Code:					Circle Year of Program:    1       2       3       4									
Marital Status:		Single <input type="checkbox"/>			Single Parent <input type="checkbox"/>			Married <input type="checkbox"/>			Is spouse a full time student?    Y <input type="checkbox"/> N <input type="checkbox"/>			
Number of dependent children in your custody:					Age(s) of Child(ren):									

**COMPLETE and SIGN IN INK on bottom of application! Faxed and incomplete applications are NOT processed.**

Tell us how you meet the criteria for this Designated Bursary and tell us if you have any financial or other circumstances related to your eligibility you want us to consider. If you require additional space, please use back of form or attach separate page.

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**Camosun College Foundation Bursary Declaration**

**I understand and agree by signing below it means that:**

1. I have a valid Social Insurance Number and have answered all questions completely and accurately.
2. I consent to Camosun College checking or verifying information on this application as deemed necessary by Financial Aid & Awards staff.
3. If I give answers that are not true or if changed circumstances make me ineligible, I will be required to pay back all or part of the bursary funds I received, and I may not be eligible for future bursary funds.
4. If I am receiving income assistance or student loan/grant, I am required to notify the appropriate government office of the amount of bursary funding I have been granted.
5. I consent that the Financial Aid & Awards office may release application information to the Camosun College Foundation Office and to the bursary donor.
6. If I receive \$500 or more in bursary funds in one year, a statement for income tax purposes will be sent to me by Camosun College.
7. I understand that bursary funds will be applied to any outstanding tuition fees.

**Collection and use of information:** Camosun College asks for the information on this bursary application in order to give bursaries in the fairest way possible to students who meet the bursary guidelines. The information on this form may be checked with information on your student loan application, with Camosun College Registration records, faculty and staff to verify your registration, class attendance and progress, grade point average and other details related to your eligibility for bursaries. Camosun College determines eligibility for bursaries and amounts of bursary funding granted. The information collected on this application form will be protected and used in compliance with the Freedom of Information and Protection of Privacy Act (SBC1992). If you have any questions about the collection and use of this information, contact the Associate Registrar, Camosun College, 3100 Foul Bay Rd, Victoria, BC, V8P 5J2, telephone: (250) 370-3522.

**Deadline for application:**        **Fall** – 2<sup>nd</sup> Tuesday in October        **Winter** – 2<sup>nd</sup> Tuesday in February  
Submit by Financial Aid and Awards Office closing time.

Last Name:	First Name:	Initial:
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Signature:	Date:
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New	Continue	FAO DP	B1	\$
<b>U</b>	<b>S</b>		B2	\$
Date Received			Total	\$