

- Students must be currently enrolled and in good academic standing to be eligible for awards.
- Due to the volume of applications, only successful applicants will be contacted.
- Incomplete forms will not be considered by the Awards committee.
- Any award over \$500 is subject to a T4A, students will need to claim this amount as income on their tax return.

| | | | |
|---------------------------------|--------|-------------------|--|
| NAME: | | | |
| ADDRESS: | | CITY: | |
| PHONE NUMBER: | | POSTAL CODE: | |
| DATE OF BIRTH: | | EMAIL: | |
| SIN: | | STUDENT ID: | |
| ARE YOU A CANADIAN CITIZEN? | YES NO | PROGRAM OF STUDY: | |
| ARE YOU A LANDED IMMIGRANT? | YES NO | CAMPUS: | |
| ARE YOU AN ABORIGINAL STUDENT? | YES NO | START DATE: | |
| ARE YOU FULL-TIME OR PART-TIME? | YES NO | COMPLETION DATE: | |

Full-time = 3 academic courses in a semester or enrolled in 60% of a vocational program.

If you are a student with a permanent disability, full-time = 2 academic course or 40% of a vocational program.

| WHICH AWARD(S) ARE YOU APPLYING FOR? YOU ARE ABLE TO PUT MULTIPLE AWARDS FOR 1 FORM | |
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|---|--|---|--------|
| MARITAL STATUS: | | # OF CHILD DEPENDENTS: | |
| <input type="checkbox"/> SINGLE <input type="checkbox"/> COMMON-LAW <input type="checkbox"/> DIVORCED/SEPARATED | <input type="checkbox"/> SINGLE PARENT <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED | AGE(S) OF CHILD DEPENDENT(S): <input type="checkbox"/> AGES 0 - 4 <input type="checkbox"/> AGES 5 - 11 <input type="checkbox"/> AGES 12 - 18 | |
| DO YOU LIVE IN YOUR PARENT'S HOME? | YES NO | DO YOU LIVE IN THE NWCC DORMS? | YES NO |

FREEDOM OF INFORMATION / PROTECTION OF PRIVACY: Northwest Community College complies with the Freedom of Information / Protection of Privacy Legislation of the Province of British Columbia. Information collected on application forms is used in the normal course of College operations in accordance with this legislation.

GENERAL AWARDS APPLICATION FORM

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| MONTHLY INCOME: | | MONTHLY LIVING EXPENSES: | |
|------------------------|----|--------------------------------|----|
| INCOME FROM WORKING | \$ | RENT OR MORTGAGE | \$ |
| SPOUSE'S INCOME | \$ | UTILITIES (HYDRO, PHONE, ETC.) | \$ |
| MONEY FROM PARENTS | \$ | FOOD | \$ |
| MONEY FROM SPONSORS | \$ | DAYCARE | \$ |
| INCOME ASSISTANCE | \$ | MEDICAL/DENTAL | \$ |
| EMPLOYMENT INSURANCE | \$ | CLOTHING | \$ |
| DAYCARE SUBSIDY | \$ | MISCELLANEOUS | \$ |
| OTHER INCOME (SPECIFY) | \$ | TRANSPORTATION | \$ |
| | | OTHER EXPENSES (SPECIFY) | \$ |
| TOTAL INCOME: | \$ | TOTAL LIVING EXPENSES: | \$ |

TOTAL INCOME - EXPENSES = FINANCIAL NEED

FINANCIAL NEED \$ _____

I declare that the information on this application is correct. I authorize the Awards Committee to review my NWCC record and to release information as required to the donor(s) of award(s) I receive. I authorize the Committee to review my BC Student Assistance record as it relates to this application. I authorize NWCC the irrevocable non-exclusive right to use, copy, modify, print, display, broadcast, distribute and otherwise publish my name, images and recordings in any form (print, digital, electronic, etc.) in connection with NWCC and any award that I may receive.

 Signature of Applicant

 Date

| | |
|------------------------|--|
| OFFICE USE ONLY | |
| COMMENTS: | |
| AWARD: | |