



Grassroots Bursary Application Form

Eligibility Criteria

To be eligible for this bursary (tuition fees up to a maximum of \$500) a student must:

- Complete this form in its entirety
- Must have financial need
- Be able to provide supporting documents on request to support their claim of financial need
- Preference to learners with financial need enrolled in Continuing Studies (CS) non-credit courses that have an education or career enhancing component as follows:
 - **Eligible** CS courses and/or programs include:
 - Certificate Programs
 - Business / Leadership / GED
 - Computers & Technology
 - Industry & Trades
 - Online Safety Training
 - Online Courses & Certificates
 - **Ineligible** CS courses and/or programs include:
 - Community Programming & Camps for kids
 - MHC Conservatory

Personal Information

MHC Student ID #: _____ SIN # _____

Last Name: _____ First Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Best number to reach you: _____ Home Cell Other

Email address: _____

Family Status

Marital Status:

Single Married Common-law Separated

Family Size: _____ Number of Dependents: _____ Age of Dependents: _____

Education Information

Program/Course you are requesting funding for: _____

Cost and date of Program/Course: _____



Financial Information

Income (monthly)

Employment
Spouse/Partner
Child Support/Alimony
E.I. or other Government Supports
Child Tax Credit
Other (specify)
Other (specify)
TOTAL:

Expenses (monthly – please exclude any costs you do not directly pay)

Accommodation
Utilities
Food
Transportation
Child Care
Miscellaneous Personal (include only necessities)
Other (specify)
Other (specify)
TOTAL:

Line 15000 of previous year Income Tax Return: _____

Line 15000 previous year Income Tax Return for spouse (if applicable): _____

Additional Information

Please provide us with additional information that you feel may be beneficial to supporting your application:



Student Signature

I understand that I am voluntarily submitting this information to the College for assessment of my financial situation and I have represented myself accurately. I understand the College may contact me for more information or to inform me of the status of my application and I confirm that the contact information on this form, and on my student account are suitable in order to facilitate that contact.

The personal information collected on this form is collected and maintained as part of a student record and will be used for the purpose of admission, registration, issuing tax receipts, and for College research and planning. If admitted to collaboration with another institution, I will abide by the rules and regulations of that collaborating institution. I also authorize Medicine Hat College to exchange my records with the collaborating institution. In signing this form, I consent to disclosure of personal information to the Medicine Hat College's Student's Association, to Statistics Canada as required by the Statistics Act (Canada) and to Alberta Advanced Education to meet reporting requirements and for statistical, funding, planning or research purposes. The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. The information collected will only be used for the purposes of delivery and administration of educational training and services. Questions concerning the collection, use or disposal of this information should be directed to the FOIP Coordinator, Medicine Hat College, 299 College Drive SE, T1A 3Y6, or 403-529-3800 or foip@mhc.ab.ca

Student Signature

Date

OFFICE USE ONLY

Date of interview: _____

Amount granted: _____

Date paid: _____

Signature: Coordinator, Financial Aid & Awards

Date:

Signature, Associate Registrar

Application:

- Approved
- Denied

Comments: