

GENERAL AWARDS APPLICATION FORM

coast
mountain
college



Due to the volume of applications, only successful applicants will be contacted.
Any award over \$500 is subject to a T4A and students will need to claim this amount as income on their tax return.

****Incomplete forms will not be considered by the Awards Committee****

NAME:			
ADDRESS:		CITY:	
PHONE NUMBER:		POSTAL CODE:	
DATE OF BIRTH:		Hometown:	
SIN:		Student ID:	
ARE YOU A CANADIAN CITIZEN?	YES NO	Email:	
ARE YOU A LANDED IMMIGRANT?	YES NO	Program of Study:	
ARE YOU AN ABORIGINAL STUDENT?	YES NO	Campus:	
ARE YOU FULL-TIME OR PART-TIME?	FULL PART	Start & 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?	

****ATTACH ALL SUPPORTING DOCUMENTATION FOR EACH AWARD****

MARITAL STATUS:		# OF CHILD DEPENDENTS:	
SINGLE COMMON-LAW DIVORCED/SEPARATED	SINGLE PARENT MARRIED WIDOWED	AGE(S) OF CHILD DEPENDENT(S):	AGES 0 - 4 AGES 5 - 11 AGES 12 - 18
DO YOU LIVE IN YOUR PARENT'S HOME?	YES NO	DO YOU LIVE IN THE CMTN DORMS?	YES NO

FREEDOM OF INFORMATION / PROTECTION OF PRIVACY: Coast Mountain 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.

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MONTHLY INCOME:		MONTHLY LIVING EXPENSES:	
EMPLOYMENT INCOME	\$	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	\$
TOTAL INCOME:	= \$	OTHER EXPENSES (SPECIFY)	\$
FINANCIAL NEED = INCOME MINUS EXPENSES \$ _____ TOTAL INCOME \$ _____ - TOTAL LIVING EXPENSES \$ _____ - TOTAL SCHOOL EXPENSES \$ _____ = FINANCIAL NEED		TOTAL LIVING EXPENSES:	= \$
		SCHOOL EXPENSES:	
		TUITION	\$
		BOOKS	\$
		SUPPLIES	\$
		OTHER (UNIFORM/TOOLS)	\$
		SUBTOTAL	\$
		DIVIDED BY # OF MONTHS ATTENDING SCHOOL	
TOTAL SCHOOL EXPENSES	= \$		

I declare that the information on this application is correct. I authorize the Awards Committee to review my CMTN record and to release information as required to the donor(s) of award(s) I receive. I also authorize the Committee to review my BC Student Assistance record as it relates to this application.

Signature of Applicant

Date

OFFICE USE ONLY	
COMMENTS:	
AWARD:	