



Financial Aid & Awards  
 1000 KLO Road, Kelowna, BC V1Y 4X8  
 Telephone: (250) 862-5419  
 Toll Free (in BC only): 1-800-767-5492

**APPLICATION FOR: OKANAGAN COLLEGE INTERNATIONAL STUDY EXCHANGE AWARDS**

1. Please print in ink and answer all questions carefully.
2. Refer to the award posting to determine your eligibility.
3. Return completed application to the Student Services Welcome Centre by the posted deadline date.

\_\_\_\_\_              
**Last Name** **Social Insurance Number**

\_\_\_\_\_              
**First Name** **Initial** **Student ID Number**

Mailing Address: \_\_\_\_\_  
Street City Postal Code

Permanent Address: (same as above)  or \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Citizenship:  Canadian/Landed Immigrant

Marital Status:  Single  Married/Common Law/Living Together  Separated/Divorced/Widowed

Number of dependents in your custody (excluding spouse): \_\_\_\_\_ Ages: \_\_\_\_\_

Where will you be living during the International Study Exchange period?  
 Shared accommodation  Living alone  Student residence

Do you and/or your spouse own/lease a motor vehicle?  Yes  No  
 If yes, indicate: Make: \_\_\_\_\_ Year \_\_\_\_\_ Resale Value \_\_\_\_\_ Date Purchased/Leased \_\_\_\_\_  
 Make: \_\_\_\_\_ Year \_\_\_\_\_ Resale Value \_\_\_\_\_ Date Purchased/Leased \_\_\_\_\_

Do you and/or your spouse own any liquid assets (eg. RRSP's, bonds, shares, term deposits, etc.)?  Yes  No  
 If yes, indicate: Type: \_\_\_\_\_ Value: \_\_\_\_\_ Date Purchased: \_\_\_\_\_  
 Type: \_\_\_\_\_ Value: \_\_\_\_\_ Date Purchased: \_\_\_\_\_

I am receiving government student assistance from:  
 BC Other Province - please attach a copy of your most recent assessment notice.

If you have not applied for government student assistance, please give your reason(s): \_\_\_\_\_  
 \_\_\_\_\_

What is the total of your student loans/debts (including this semester/year) to date? \_\_\_\_\_

**For Office Use Only:**

Gov't Student Assistance: Assessed Need: \_\_\_\_\_ Award: \_\_\_\_\_ Unmet Need: \_\_\_\_\_ GA: \_\_\_\_\_

## DETAILS ON INTERNATIONAL STUDY EXCHANGE PERIOD:

Program: \_\_\_\_\_

Year: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup>

Exchange School: \_\_\_\_\_

Exchange Start Date: \_\_\_\_\_

Exchange End Date: \_\_\_\_\_

Complete this section for the entire International Study Exchange period (from start date to end date). DO NOT indicate monthly or weekly amounts.

ESTIMATED EXPENSES FOR STUDY EXCHANGE PERIOD (SELF AND SPOUSE/CHILDREN IF APPLICABLE)	AMOUNT \$	ESTIMATED RESOURCES FOR THE STUDY EXCHANGE PERIOD (SELF AND SPOUSE IF APPLICABLE)	AMOUNT \$
Tuition and Fees		Savings at start of study period	
Books and Supplies		Student Loan/Grant <input type="checkbox"/> Government <input type="checkbox"/> Bank	
Rent or Mortgage (including taxes)		Part time income during study period (include student employment income)	
Food		Income Assistance	
Utilities (hydro, gas, phone, cable, etc.)		Bursaries/Scholarships awarded	
Transportation (gas, parking, bus pass, etc.)		Parents/family contributions	
Insurance (house, vehicle, etc.)		Spouse's income after deductions	
Medical/Dental (prescriptions, glasses, etc.)		Child Support	
Child Care (including subsidy)		Child Care Subsidy	
Clothing		BC Family Bonus	
Miscellaneous (entertainment, laundry, haircuts, etc.)		Child Tax/GST Credit	
Other expenses (specify)		Other resources (EI, Band, Pension, etc.)	
Total Expenses		Total Resources	
Total Expenses less Total Resources = Need: \$ _____			

Provide any extra information you feel may help in determining your financial need:

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## AUTHORIZATION AND DECLARATION TO BE COMPLETED BY ALL APPLICANTS:

I hereby declare that the information contained herein, all statements made and all supporting documents submitted in connection with this application are true, correct and complete. I understand that any misrepresentation or incomplete disclosure on or relating to this application may result in the cancellation of an award, or repayment of an award. I authorize Okanagan College to release my student record and student financial assistance record for review by Okanagan College's awards selection committee or donor selection committee, where applicable, for the purpose of determining my eligibility for an award. I understand and agree that if I fail to maintain satisfactory academic standing or do not complete the period of study for which I am applying for assistance, I may be required to repay all or a portion of any award I receive. If I am the recipient of an award, I authorize the Financial Aid & Awards Office at Okanagan College to release the following information to the donor and/or Okanagan College Foundation and Okanagan College Advancement Office, if requested: name, address, telephone number, information relevant to special requirements of award and background information from this application. I also agree to the public release of my name and/or photograph in the event I am selected to receive an award. I also understand and agree that any debts owing to Okanagan College will be deducted from any award I receive.

Signature of Applicant

Date

### Freedom of Information:

The information contained on this form and other supporting documents is collected under the authority of the College and Institute Act and the Freedom of Information and Protection of Privacy Act. It is used by Okanagan College Financial Aid & Awards staff, selection committees and donors to determine recipients for awards, and for enabling other Okanagan College Departments to contact applicants and students. Information will be transferred to the Financial Services Department for tax purposes. Please direct any questions to the Financial Awards Officer, Okanagan College, 1000 KLO Road, Kelowna, B.C. V1Y 4X8 (250) 862-5419.

**Okanagan College regrets that because of the large number of applicants, it is impossible to notify unsuccessful candidates.**