

YOUTH FUTURES EDUCATION FUND APPLICATION



The Youth Futures Education Fund has been established by the Vancouver Foundation to provide a grant to recipients of the former Youth in Care Provincial Tuition Waiver, to assist with supplemental educational funding for expenses such as books, housing, utilities, or emergency situations.

PERSONAL INFORMATION

Last Name	First Name	Student ID#	Social Insurance #
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Single Parent <input type="checkbox"/> Married/Common-Law <input type="checkbox"/> Separated/Divorced/Widowed			
Number of Dependents (EXCLUDING SPOUSE)		Age of Dependents	

MAILING ADDRESS

Address	City or Town	Province
Postal Code	Phone	Email

PROGRAM PARTICULARS

Program Currently Enrolled In:	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Summer
Student Status	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Apprentice

Do you receive monthly sponsorship/payment from an organization -for example a band, or a Ministry office? Yes No

If so what are your monthly payments from these sources? _____

Do you have any other monthly source of income – for example, employment income, employment insurance, etc?

If so what are your monthly payments from this source? _____

What are your total monthly expenses? _____

Are there any other adults that contribute to the household and if so, how much do they contribute? _____

Provide a brief explanation of how this bursary will give you the ability to successfully complete your program.

Need/Emergency: give a description of what your need is (unforeseen emergency, food, bills, rent, family emergency, etc.) and amount requested.

AUTHORIZATION AND DECLARATION TO BE COMPLETED BY ALL APPLICANTS:

I certify that the information contained herein and in the supporting documents is true, correct, and complete. **I understand** that any misrepresentation, incomplete disclosure or falsified information on the application and supporting documents may result in the cancellation of an award or repayment of an award.

I authorize Okanagan College to release my personal information to Okanagan College's award selection committees for the purpose of determining eligibility for an award.

I authorize Okanagan College to release my name, contact information and program of study to the Okanagan College Foundation and donors for the purposes of granting an award and recognition as a recipient of an award. **I agree** to the public release of my name and/or photograph in the event I am selected to receive 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, or Okanagan College may withhold further disbursements of an award.

I understand and agree that any debts owing to Okanagan College will be deducted from any award I receive.

I understand that a **T4A tax receipt** will be issued for any bursary received from Okanagan College with any combined total above **\$500**.

Signature of Applicant

Date

Freedom of Information:

Okanagan College is a public body governed by the *Freedom of Information and Protection of Privacy Act* (FIPPA), which permits us to collect, use and share your personal information only for authorized purposes. We collect, use and share personal information that relates directly to and is necessary for Okanagan College's programs and activities. The information on this form is collected under the authority of the FIPPA and the *College and Institute Act*. The information will be used for the purposes of determining eligibility and granting scholarships, bursaries and awards. Additional information may be found in our Protection of Privacy Policy on the Okanagan College website. Questions about the collection of, use and sharing of your personal information may be directed to the Registrar.

OFFICE USE ONLY

Request Denied: (initials)

Reason Denied:

Amount Approved: \$ _____ payable to STUDENT

Amount Approved: \$ _____ payable to OC BOOKSTORE

Amount Approved: \$ _____ payable to OTHER _____

For pick-up at: Kelowna Penticton Salmon Arm Vernon

Total Amount Approved \$ _____ Fund: _____

Award #

Detail code

Approved by

Date

Approved by

Instructor's/Interviewer's Comments: