



PLEASE ANSWER ALL QUESTIONS. INDICATE N/A FOR ALL AREAS THAT DO NOT APPLY.

Last Name		Previous Last Name		Full Legal Given Names		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Current Address				Permanent Mailing Address ( <i>if different from current address</i> )			
Date of Birth (Y/M/D)		Residence Telephone Business Telephone		FAX Number		E-mail Address	
Canadian Social Insurance Number		Country of Citizenship		At the time of registration, I will be: <input type="checkbox"/> a Canadian citizen <input type="checkbox"/> a Permanent resident		Date of Arrival in Canada	
Post Secondary Institution	Degree / Diploma or Certificate		Topic of Study		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		<input type="checkbox"/> Course-based
Starting Date of Program		Expected Date of Program Completion					
<b>ACADEMIC HISTORY</b>							
<i>List all post-secondary educational institutions attended regardless of the number of courses taken and the amount of time spent there. Official transcripts from your most recent post-secondary institution you have attended or are attending must be submitted with your bursary application.</i>							
Month and Year Started	Academic Institution and Location			Degrees or Diplomas Completed (or to be completed)		Month and Year Awarded/Expected	
<b>PERSONAL RESUME:</b> <i>A brief <b>one page</b> community involvement profile indicating ones personal achievements.</i>							
<b>PERSONAL LETTER:</b> <i>Attach a <b>one page</b> typed statement of your education and career goals.</i>							
<b>REFERENCES:</b> <i>Indicate the names of the two persons supporting your award application. Letters of reference must be included with your application.</i>							
1.				2.			



Name:	
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**FINANCIAL INFORMATION** – *You must complete this section if you wish to be considered for this award for which financial need may be a criterion for selection.*

<p>1. Marital status:</p> <p>a. <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single Parent</p> <p>b. Number of dependent children      Ages:      Are they residing with you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. What year did you complete high school?</p>
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Complete this budget for the upcoming twelve-month period. Explain any extenuating circumstances in open section.

EXPENSES:	RESOURCES:
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Tuition and Fees	\$	Books and supplies	\$
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Financial Consideration:

In accepting an award, recipients understand and agree that ABOA may publish their name and achievements in promotional or other material relating to the program or to ABOA. All awards are a matter of public record and are published on the ABOA web site (photo included). As the sponsor of your award ABOA may choose to acknowledge and congratulate your achievement publicly.

Scholarships are deemed as income under the Income Tax Act and must be reported as such. A T4A form will be issued from ABOA in respect of your award.

ABOA reserves the right to change or terminate this program at its discretion. ABOA will fulfill obligations already in place if the program changes.

By signing this application, I declare that:

1. I have answered all applicable questions and that all information is true and complete;
2. **My sponsor is a member of ABOA in good standing;**
3. I will notify ABOA if I withdraw from full-time status, or otherwise change my student status;
4. ABOA may request additional information pertaining specifically to my academic performance and enrolment status for the purpose of determining my eligibility for this award;
5. I will disclose to Canada Customs and Revenue Agency any financial awards I receive;
6. Should I be an award recipient, I will acknowledge ABOA with a personal letter of thanks.

Name of Applicant (Printed)	Signature of Applicant	Date
Name of Sponsor (Printed)	Signature of Sponsor	Date