

NORTHERN LIGHTS COLLEGE FOUNDATION GENERAL AWARD APPLICATION FORM



- Applications will only be accepted starting **two months** before each award deadline.
- Review **application instructions** and **award eligibility**. If financial need is a listed criterion, please complete the budget information sheet on page 2.
- On a **separate sheet of paper**, explain how you meet the award criteria.
- Ensure you include all supporting documents as found in award application instructions. Incomplete applications may not be considered.
- Print **your name** and **award name** on all supporting documents.
- Submit your completed award application(s) by the application deadline to your local Campus Services office or email finaid@nlc.bc.ca.**

Note: Only selected students will be notified.

	Application deadline (yyyy/mm/dd)
Award name	Award code

Applicant Information	NLC student number	SIN is collected for the purpose of T4A administration. Recipients of awards will be required to provide their SIN to Northern Lights College for income tax purposes.*	
	Last or family name	First or given name	
	Street 1		
	Street 2		
	City	Province	Postal Code
	Daytime phone	Email address	
	Please update my existing student information effective (yyyy/mm/dd)		
	Do you identify yourself as an Aboriginal person, that is, First Nations, Métis or Inuit? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you identify yourself as an Aboriginal person, are you: <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit	
	Are you a Canadian Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	For academic students, what year of studies are you attending? <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2	
	Are you a mature student? Note: A mature student is one who is over the age of 19 years, and who has been out of school for at least one year. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of your program	Start date (yyyy/mm/dd)	Expected completion date (yyyy/mm/dd)	

Declaration	I hereby declare that the information I have submitted on this form is true and correct to the best of my knowledge. I understand any misrepresentation of this information may result in me having to pay back any funds I receive. I agree that if I receive an award, Northern Lights College may publish my photograph, name, and program name (if applicable).	
	_____	_____
	Signature of Applicant	Date (yyyy/mm/dd)

Freedom of Information and Protection of Privacy

Information collected and maintained as part of our student records is collected under the authority of the Colleges and Institutes Act. Northern Lights College gathers and maintains information used for the purposes of admission, registration and other fundamental activities related to being a member of the Northern Lights College community and attending a public post-secondary institution in the Province of British Columbia as well as broader safety purposes including ensuring security on all Northern Lights College campuses. Information you provide will also be used for non-administrative research purposes. This research includes longitudinal research using anonymous linked records in the B.C. Educational Records Linkage File (Link File). The personal records in the Link File are not identifiable and are not used for administration purposes. For further information please contact the Registrar's Office.

Office Use Only

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| <ul style="list-style-type: none"> <input type="checkbox"/> Ensure form is complete <input type="checkbox"/> All supporting documents received <input type="checkbox"/> Confirm applicant information is updated in Colleague <input type="checkbox"/> Student enrollment <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | <ul style="list-style-type: none"> <input type="checkbox"/> Date form received if not date stamped: _____ <input type="checkbox"/> FAO (initials): _____ <input type="checkbox"/> Application saved to the document store <input type="checkbox"/> Entered on AIDE screen <input type="checkbox"/> Award Action <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible <input type="checkbox"/> Accepted <input type="checkbox"/> Application submitted to the NLC Foundation <input type="checkbox"/> SIN collection once recipient is selected if it is not on file with NLC |
|---|--|

*If the combined value of awards received from the Northern Lights College Foundation in a calendar year is \$500 or more, the NLC Foundation will issue award recipient a T4A, and the award recipient will need to claim this amount as income on their income tax return. Refer to Canada Revenue Agency's "Students and Income Tax" publication for further information www.canada.ca/en/revenue-agency/services/forms-publications/publications/p105.html.

NORTHERN LIGHTS COLLEGE FOUNDATION
BUDGET INFORMATION SHEET



Financial Information	Value of savings in the bank \$		Value of other investments (such as GICs, RESPs, Term Deposits) \$	
	I have received: <input type="checkbox"/> Student Loan <input type="checkbox"/> Grant <input type="checkbox"/> Adult Upgrading Grant <input type="checkbox"/> NLC Foundation Awards/Bursaries			
	I have not applied for the above assistance because:			
	Do you/your spouse own/lease a motor vehicle/car?	Make/Model	Year	Current Value: \$
	Living arrangements <input type="checkbox"/> Married/common law – no children <input type="checkbox"/> Married/Common Law – with children (# of children: _____) <input type="checkbox"/> Single parent (# of children: _____) <input type="checkbox"/> Single student - living with parents <input type="checkbox"/> Single student – living away from home <input type="checkbox"/> Single student – living independently			

For the current year, indicate the number of months you are in school: _____

Budget Information	Monthly Income	Student	Spouse	Monthly Living Expenses (Combined)	
	Work			Rent or Mortgage	
	Living allowance from sponsor			Food	
	Employment Insurance			Hydro/cable	
	Social Assistance			Telephone	
	Child Tax Credit			Transportation	
	Daycare subsidy			Daycare	
	Money from family member			Other expense (specify)	
	Other income (specify)			Other expense (specify)	
	Subtotal Monthly Income			Subtotal Monthly Expenses	
Total monthly income multiplied by # months in school			Total monthly expenses multiplied by # months in school		
Add any one-time income (specify)			Add any one-time expense (specify)		
Total Family Income (A)			Total Expenses (B)		
Total Family Income (A)					
LESS Total Expenses (B)					
Financial Need					

Study Expenses	Tuition	
	Student fees	
	Instruction related fees	
	Estimated textbook(s) cost	
	Estimated tools/supplies/uniform	
	Other costs	
	Total study expenses	
	Are your study expenses sponsored? If so, indicate name of sponsor. <input type="checkbox"/> Yes <input type="checkbox"/> No	Value of sponsorship \$

Declaration	I hereby declare that the information I have submitted on this form is true and correct to the best of my knowledge. I understand any misrepresentation of this information may result in me having to pay back any funds I receive.	
	_____	_____
	Signature of Applicant	Date (yyyy/mm/dd)