

A. PERSONAL INFORMATION

2018 ROTARY EDUCATION AWARD APPLICATION (awarded by the Rotary Clubs of Oakville)

Please fill out the entire application with as much applicable information as possible.

	Male	Female
Cell phone:		
Latest full semes	ster:	

You must attach a copy of your latest complete High School transcript

C. FAMILY BACKGROUND

Do both your parents live at home with you?				Yes	No		
If "NO",	who do yo	u live with?					
M	lother	Father	Other (pleas	se specify):			
Includin	g you, how	many childr	en are there	in the fami	ly (<u>selec</u>	t one):	
1		2	3	4	5		
How ma	ny childrer	n, including y	/ou , live with	your paren	nt(s)/gua	ırdian (<u>select</u>	: one)
1		2	3	4	5		
Excludin	Excluding you, are any other siblings attending a post-secondary school?						
N	one	1	2	3		4	
Please p sibling.	rovide the	name of the	institution a	nd the year	rs of stu	dy at this ins	titution for each
College/University (name):					Years	of study:	
College/University (name):					Years	of study:	
College/	'University	(name):				Years	of study:
	-		you would lik amily, paren	-			•

D. **COLLEGE/UNIVERSITY FINANCIAL COST**

Expected 1 st Yr. expenses	Expected 1 st Yr. Funding	
Tuition	\$ Personal earnings & savings	\$
Transportation	\$ Parents/guardians/other	\$
Accommodation	\$ Scholarships & Bursaries	\$
Food	\$ OSAP	\$
Books	\$ Other	\$
Other	\$	\$
TOTAL	\$ TOTAL	\$

Have you applied for any other Bursary or Scholarship funding? Yes No

If "YES", please provide us with the name of the donor, amount, and select the status of your application

1.	Amount: \$	Denied	Received	Pending
2.	Amount: \$	Denied	Received	Pending
3.	Amount: \$	Denied	Received	Pending
4.	Amount: \$	Denied	Received	Pending

E. YOUR GOALS

What College/University you have applied to attend and what program of study are you planning to pursue?

College/University:

Program of study:

What are your education goals?

Do you have a career in mind or how do you see yourself employed after you graduate from College or University? Please elaborate.
Did you ever have to overcome any obstacles to get you this far in your life? Please elaborate
F. EXTRA CURRICULAR ACTIVITIES AND COMMUNITY WORK What extra curricular activities are you involved with in school and how much time do you spend on these activities in a week? Please elaborate
Total hours spent in a week:

Excluding the compulsory "Community Service" hours you have to School, what other Community Service work are you involved with you devote to this work in a week?		-
Total hours spent in a week:		
G. FAMILY INCOME		
Are your parent(s)/guardian currently employed?	Yes	No
Occupation of father/guardian:		
Occupation of mother/guardian:		
Please indicate what the annual family income is (income from all s abroad)? <u>Father/Guardian gross income (before taxes)</u> Under \$30,000	ources in Can	ada and
\$31,000-\$49,999		
\$50,000-\$74,999		
\$75,000-\$99,999		
\$100,000-\$125,000		
\$125,000-\$150,000 Over \$150,000		
Over \$150,000		

\$50,000-\$74,999				
\$75,000-\$99,999				
\$100,000-\$125,000	0			
\$125,000-\$150,000	0			
Over \$150,000				
Please note that you may be as	sked to provide	e documented p	roof of family inc	come
Do you have a part-time job?			Yes	No
What is the name of the compa	ny you current	ly have a part-ti	me job with?	
2.				
3.				
4.				
As a part-time employee, how and what was your total gross i Total hrs. worked/week:	=		lo you work in a g	given week
Total Gross Income (before taxe	es): \$	in pa	st year	
Do you contribute any of your p	part-time incon	ne towards the h	nousehold expens Yes	es? No
If 'yes', how much of your incorselect one response:	me do you cont	ribute to househ	nold expenses? Pl	ease
20% 30%	40%	50%	other:	%

Mother/Guardian gross income (before taxes)

Under \$30,000

\$31,000-\$49,999

	for a bursary, please let us know with as much detail as ou deserve to receive financial assistance from the			
	o verification of the information supplied in in this document will be kept confidential.			
 Signature of Applicant	Date			

Additional comments from High School staff/Guidance Counsellor/Administrator:						
School Official	Name:			Posit	ion:	
Signature of Scho	ool Official				Date	
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Please ensure th transcript is sign						
incomplete appli		=				

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