

THE PETER ELZINGA FAMILY FOUNDATION

Dear Applicant,

Thank you for your interest in The Peter Elzinga Family Foundation Scholarship. We wish you success in your endeavours.

Please note the following Foundation Criteria:

1. Any person who is a resident of Alberta is eligible.
2. Two types of scholarships will be offered. The selection committee can choose both types and / or one of the two:
 - A) Any person away from formal education and who desires to further their education (no minimum / maximum age). This could be for re-training, upgrading of work skills, or change of employment.
 - B) Any individual who desires to continue their education at any level (Post-secondary, trade School, Etc.).
3. Scholarship(s) are awarded annually:
1(one) to 5 (five) scholarships will be awarded with a range from \$600.00 to \$2,000.00.
4. Preference will be given to individuals who demonstrate financial need.
5. Candidates must have applied to an institution and be accepted and commence courses no later than September 15th in the year following granting of the scholarship.
6. Successful candidates will be required to show evidence of enrollment.
7. Application deadline is **June 1st**.

To apply for this scholarship please complete the Peter Elzinga Family Foundation application form and ensure all answers are complete.

In addition to your application three (3) letters of reference are required, a letter stating why you are applying for this scholarship and why you have selected this course of study. A personal interview may be required. All documentation must be submitted to be considered for a scholarship.

After submitting an initial application you must advise the Peter Elzinga Family Foundation in writing of any of the following:

- A) Changes in financial estimates on application form
- B) Changes in declared sources of income, savings, assets, investments, scholarships, grants, etc.
- C) Any additional sources of income not previously declared
- D) Change of address, marital or academic status or study period

All applicants will be notified, whether successful or not, of the outcome of their application on or before September 1st of the year in which you applied.

To download an application form go to: <http://www.peterelzinga.com>

Please submit application and correspondence to:

The Peter Elzinga Family Foundation
#2500, 10303 Jasper Avenue, NW
Edmonton, AB T5J 3N6 E-mail: scholarship@shaw.ca

PETER ELZINGA FAMILY FOUNDATION

APPLICATION FOR FINANCIAL ASSISTANCE

2018

Application Deadline: June 1, 2018

SECTION 1 PERSONAL INFORMATION

01 Last Name _____

02 Given Name _____ Initials _____

03 Prefix: Mr. Mrs. Ms.

04 Address (Apartment or Box Number) _____

05 Street Address _____

06 City/Town _____

07 Province _____ Postal Code _____

08 Telephone # _____

09 Student Identification Number (if known) _____

10 _____

11 Social Insurance Number _____

12 Marital Status:
 Single Married Single Parent
 Common-Law Separated /Divorced (No Children)

You are considered Common-Law if you: • have lived together for 3 years or more or live together and have children living in your household.

13 Your Maiden Name (if applicable) _____

14 Your Date of Birth _____
day month year

SECTION 1A BACKGROUND INFO

15 Citizenship: Canadian Other
 Specify _____

16 I have lived in Alberta all my life? Yes No
 If NO, since: _____
month year

SECTION 2 STUDIES

17 Last High School Attended (If Applicable) _____

18 Last Grade Completed _____ 19 Date Completed _____
month year

PREVIOUS FULL-TIME POST-SECONDARY EDUCATION:

20 Name of School _____

21 Program/Faculty _____

22 Attended From _____
month year

23 To _____
month year

24 Name of School _____

25 Program/Faculty _____

26 Attended From _____
month year

27 To _____
month year

SECTION 3 FINANCIAL INFORMATION

28 Enter your total income from your 2017 income tax return \$ _____ (Line #150 on 2017 return)

NOTE: If you are single and have been out of high school for less than 3 years; please complete Schedule 1 as well as the rest of this application form.

SECTION 4 CALCULATING YOUR REQUESTED NEED

29 While attending school I will live with: Parents Other _____

MONTHLY EXPENSES: *(Actual expenses while in school)*

30 Housing and Utilities <i>(rent, light, water, telephone, heating)</i>	\$	
31 Food/Personal Care	\$	
32 Clothing	\$	
33 Transportation	\$	
34 Child care/Babysitting	\$	
35 Exceptional Expenses <i>(eg. Medical)</i> – List	\$	
36 TOTAL MONTHLY EXPENSES (Add lines 30 to 35)	\$	

MONTHLY INCOME: *(Actual income while in school)*

37 Wages/Salary After Deductions	\$	
38 Your Spouse's Income After Deductions	\$	
39 Contribution From Parents	\$	
40 Alimony and/or Child Support	\$	
41 GOVERNMENT FUNDING: <i>Unemployment Insurance</i>	\$	
42 <i>Indian & Northern Affairs Band Funds</i>	\$	
43 <i>Vocational Rehabilitation for Disabled Persons</i>	\$	
44 <i>AISH - Assured Income for Severely Handicapped</i>	\$	
45 <i>Workers' Compensation</i>	\$	
46 <i>Social Assistance</i>	\$	
47 OTHER INCOME: <i>(Eg. orphan's benefits, pensions, rental property, business)</i>	\$	
LIST: _____		
48 TOTAL MONTHLY INCOME (Add lines 37 to 47)	\$	

ADDITIONAL FINANCIAL INFORMATION:

49 Tuition, Books and Supplies <u>per semester</u>	\$	
50 Savings you will have when you start school <i>(If your spouse is a full-time student enter 1/2 of your combined savings)</i>	\$	
51 Other Extraordinary Expenses	\$	
52 List other funds expected or applied for: <i>(scholarships, bursaries, grants, etc.)</i>		

SECTION 5 YOUR FAMILY HISTORY

<p>53 Spouse's Name</p> <p style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></p> <p>55 Date of Marriage</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 20%;"></td> <td style="border-bottom: 1px solid black; width: 20%;"></td> <td style="border-bottom: 1px solid black; width: 20%;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">day</td> <td style="text-align: center; font-size: small;">month</td> <td style="text-align: center; font-size: small;">year</td> </tr> </table> <p>57 My Spouse is: <input type="checkbox"/> A full-time student <input type="checkbox"/> A part-time student <input type="checkbox"/> Employed <input type="checkbox"/> Unem- ployed</p> <p>58 Given Names of Children Living with You Age</p> <p style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></p> <p>60</p>				day	month	year	<p>54 Spouse's Social Insurance Number</p> <p style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></p> <p>56 Common-Law as of</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 20%;"></td> <td style="border-bottom: 1px solid black; width: 20%;"></td> <td style="border-bottom: 1px solid black; width: 20%;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">day</td> <td style="text-align: center; font-size: small;">month</td> <td style="text-align: center; font-size: small;">year</td> </tr> </table> <p>59</p> <p style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></p> <p>61</p>				day	month	year
day	month	year											
day	month	year											

SECTION 6 EDUCATION PROGRAM FOR WHICH ASSISTANCE IS BEING REQUESTED

Name of School/Institution to which you have applied or are accepted

62 _____

Street Address

63 _____

City/Town

65 Province

66 Postal Code

64 _____

67 Are you registered as a: Full-time or Part-time student

List Programs/Courses to be taken:

68 Title _____	69 Date Begins _____ day month year	70 Date Ends _____ day month year
71 Title _____	72 Date Begins _____ day month year	73 Date Ends _____ day month year
74 Title _____	75 Date Begins _____ day month year	76 Date Ends _____ day month year
77 Title _____	78 Date Begins _____ day month year	79 Date Ends _____ day month year

Please provide a brief description of the program/course and indicate which year of study you are applying for and if it is a multi-year diploma or degree program. Photocopies of relevant sections of the institution's calendar or course prospectus are sufficient.

80 Number of classes per semester you will be taking 81 Number of semesters

82 Has your application been accepted? Yes No

If no, please explain current status of your application. _____

Additional information, via attachment, may be provided at the applicant's discretion, to assist the committee in their decision making.

SECTION 7 COMMUNITY INVOLVEMENT

List your involvement in professional or volunteer activities or organizations

83 Organization: _____

84 Number of years 85 Description of involvement _____

86 Organization: _____

87 Number of years 88 Description of involvement _____

Other: _____

SECTION 8 DECLARATION OF APPLICANT

I declare:

- that I have answered all questions applicable to me
- that to the best of my knowledge the information given on the application and all applicable schedules and correspondence is true
- that I will use any monies awarded to me towards the cost of my education as described in the application
- that I propose to undertake to complete the program/courses as outlined in this application

Signature of Applicant

Date

Email Address: _____

SECTION 9 APPLICANT COMMENTS (Optional)

It would be appreciated if you could tell us where you heard about the Peter Elzinga Family Foundation. Thank you.

Mail application form and all requested information to:

**THE PETER ELZINGA FAMILY FOUNDATION
2500-10303 JASPER AVE NW
EDMONTON, AB T5J 3N6
<http://www.peterelzinga.com>**

PARENTAL FINANCIAL INFORMATION

SCHEDULE 1

HAVE YOUR PARENT (S) / SPONSOR (S) COMPLETE THIS SCHEDULE IF YOU ARE SINGLE AND HAVE BEEN OUT OF HIGH SCHOOL FOR LESS THAN 3 YEARS.

Clarification: If you last completed / attended high school in June of 2015 or before you DO NOT need to have this form completed.

Parents are responsible for assisting students with the costs of schooling if the resources are available.

Applicant's Last Name	Initials	Social Insurance Number
01 _____	02 _____	03 _____

PARENT 1 Name 04 _____ PERMANENT ADDRESS: (Apartment or Box #) 05 _____ Street Address 06 _____ City/Town 07 _____ Province Postal Code 08 _____ 09 _____ Telephone # 10 _____ Occupation 11 _____ 12 Relationship to applicant: <input type="checkbox"/> Parent <input type="checkbox"/> Sponsor <input type="checkbox"/> Step-Parent <input type="checkbox"/> Legal Guardian	PARENT 2 Name 13 _____ ADDRESS SAME AS PARENT 1 OR <input type="checkbox"/> (Apartment / Box #) 14 _____ Street Address 15 _____ City/Town 16 _____ Province Postal Code 17 _____ 18 _____ Telephone # 19 _____ Occupation 20 _____ 21 Relationship to applicant: <input type="checkbox"/> Parent <input type="checkbox"/> Sponsor <input type="checkbox"/> Step-Parent <input type="checkbox"/> Legal Guardian
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1. DEPENDENT CHILDREN (Including applicant)

Given Names of Children	Age	Given Names of Children	Age
# of children attending post-secondary institutions in 2018/2019		# of people in the family	

2.

PARENTAL INCOME: Your TOTAL Income (Line 150, 2017 Tax Form) Includes employment, pension, net income from all

sources. Parent 1's Total Income (Line 150 of your 2017 Income Tax Form)	
Parent 2's Total Income (Line #150 of 2017 Income Tax Return)	

3. SELF EMPLOYMENT INFORMATION

Value of Total Business Assets (Include: Land, Bldgs., Accts Rec., Equip., etc.) DO NOT Include: (Personal Residence, personal savings, R.R.S.P.'s, Pension funds, etc.)	A
Total Liabilities Related to Assets (Include: Accts. Pay., Notes Pay., Mortgages Pay., etc.)	B
NET WORTH (Box A MINUS Box B)	
Parent 1's Share of Business (%)	
Parent 2's Share of Business (%)	

4. EXCEPTIONAL EXPENSES

Exceptional Medical or Dental Expenses	
Other Expenses: (List and include receipts)	
# of Dependent Relatives Living With You	

PARENTS/SPONSOR DECLARATION: I / We: declare that the information given on this schedule is true; •understand that I am / we are not co-signing for a loan.

SIGNATURE OF PARENT 1 (Sign in ink) **DATE**

SIGNATURE OF PARENT 2 (Sign in ink) **DATE**

Social Insurance Number

Social Insurance Number