

Please complete this application form. The form must be signed and dated.

**PLEASE PRINT:**

*Last Name:			*First Name:			Middle Name:		
*List Other Surname(s) you may have used when taking courses at NWCC:						E-mail Address:		
*Mailing Address:						Physical Address (If different from mailing address):		
*City:		*Province:		*Postal Code:		City:		Province: Postal Code:
*Home Telephone #:			Other Telephone #:			Cell Telephone #:		
Social Insurance Number:		*Date of Birth: (Year/Month/Day)		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married/Common Law <input type="checkbox"/> Other: _____			*Male <input type="checkbox"/> Female <input type="checkbox"/>	

**COURSE INFORMATION:**

COURSE NAME (S)	DATES & LOCATION	FEES
<b>TOTAL FEES:</b>		

What other courses or programs have you successfully completed in the past that have assisted you in gaining employment? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will this course/program assist you in gaining employment? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FUNDING:**

 Do you have access to other funding sources ☐ No ☐ Yes

If yes, what other source(s) \_\_\_\_\_

Are there stipulations on the other funding (ie. Tuition only, books, housing, etc)? \_\_\_\_\_

During the four months before starting classes, I received income from:

	Yes	No
Wages from employment	<input type="checkbox"/>	<input type="checkbox"/>
Employment Insurance	<input type="checkbox"/>	<input type="checkbox"/>
BC Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

**PROGRAM INFO:** (Complete for the current year)

Tuition fees for this program	\$ _____	paid by self <input type="checkbox"/>	parents <input type="checkbox"/>	sponsor <input type="checkbox"/>	other <input type="checkbox"/>
Textbook and supply costs	\$ _____	paid by self <input type="checkbox"/>	parents <input type="checkbox"/>	sponsor <input type="checkbox"/>	other <input type="checkbox"/>
Other costs ie. uniforms/equip.	\$ _____	paid by self <input type="checkbox"/>	parents <input type="checkbox"/>	sponsor <input type="checkbox"/>	other <input type="checkbox"/>

**EXPENSES AND INCOME DURING SCHOOL TERM:**

Savings at start of program (before paying tuition fees/books) \$ \_\_\_\_\_

Monthly Income: \$ \_\_\_\_\_

Expenses Per Month: (total for household)

Rent or Mortgage	_____
Food	_____
Utilities	_____
Daycare	_____
Medical/Dental	_____
Clothing	_____
Miscellaneous	_____
Vehicle insurance/month	_____
Vehicle Payment	_____
Gas maintenance	_____
<b>TOTAL EXPENSES</b>	<b>\$ _____</b>

**TransCanada Corporation Bursary**

**Purpose:** The purpose of the TransCanada Corporation Bursary is to assist potential students with financial need to obtain tuition for Workforce Training Continuing Studies Courses (WTCS) which may enhance their employment opportunities or current job position.

**Eligibility:** Students age 18 years or older who are residents of Northern BC (from Kitimat to Haida Gwaii extending to Houston and Granisle and all points in between) who have identified NWCC WTCS training which may enhance their current or future employment opportunities.

**Award Year:** An individual may receive the award maximum only once during a calendar year (January to December).

**Further Awards:** Student must successfully complete courses for which they received a Bursary award before they can apply for another award. Where applicable, a maximum of one year will be allowed for completion. Those who do not successfully complete must wait one year before applying again.

I declare that the information on this application is correct. I authorized Northwest Community College to review my NWCC financial and student record information.

\_\_\_\_\_  
Applicant's Signature\_\_\_\_\_  
Date

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**For Staff Purposes Only**

Application establishes financial need

☐ No ☐ Yes

Applicant is eligible for other funding sources, but additional funding needed

☐ No ☐ Yes

Applicant is in good financial standing with NWCC

☐ No ☐ Yes

Applicant demonstrates linkages between training and employment

☐ No ☐ Yes

Notes: \_\_\_\_\_

Application Approved

☐ No ☐ Yes\_\_\_\_\_  
Staff Signature\_\_\_\_\_  
Date

How did you notify the student? \_\_\_\_\_

Date of notification: \_\_\_\_\_

If approved, please fill out a WTCS registration form and send to registration with a note to perc at source.

Send this application form to Haley whether approved or not.