

ATHENA OAKVILLE SCHOLARSHIP PROGRAM APPLICATION

Information must be filled out by the applicant. Read all instructions carefully before completing. Please print clearly.

Personal Information

Name _____

Home Address _____

City/Town Province Postal Code _____

Phone _____

Email address _____

Date of Birth _____ Female _____ Male _____

Education and Experience

As of January, 2008 I have completed: *(Check all that apply)*

- High School
- some Community College
- some University

- 1st year college or university
- 2nd year college or university
- 3rd year college or university
- 4th year college or university

Program I plan to undertake in 2008/2009 _____

I plan to begin my studies in Fall 2008 or Winter 2009

Please provide information on any:

Employment _____

Special honours or awards _____

Extra curricular or community activities _____

Please provide additional and/or expand on this information in your letter describing why you would be a worthy recipient.

Assessment Worksheet

Anticipated amount required for program*

Tuition _____
Books _____
Housing _____
Transportation _____
Child Care _____
Other _____

Explanation: _____

TOTAL: _____

Expected financial aid*

Scholarships provide by:

	<u>Amount received/applied for:</u>	<u>Source:</u>
• school		
• alumni association		
• government or other group		

TOTAL _____

Other sources: Amount received/applied for: Source:

- family assistance
- employment
- gifts
- other

TOTAL

Employment / Awards / Activities

Employment _____

Special honours / awards _____

Extra curricular activities _____

Other notes

* Please use the second page to help you consider any and all items that should be recapped above.

STUDENT BUDGET WORKSHEET

Financial Resources		Estimated Expenses (If sharing, indicate your portion only)	
<i>Please only include your resources and expenses for the period of time that you are attending fall and winter classes</i>			
Savings – Summer and previous	\$ _____	Tuition	\$ _____
Parental/Spouse Contribution	\$ _____	Books/Supplies	\$ _____
Part-time monthly income	\$ _____ X _____ months	Resident/Rent	\$ _____ X _____ months
Scholarships/Bursaries	\$ _____	Utilities	\$ _____ x _____ months
Government income	\$ _____ X _____ months	Phone	\$ _____ x _____ months
eg. UIC, Family benefits, Indian Affairs, VRS. CPP, Child Tax benefits			
OSAP for Fall/Winter session* Canada Student Loan	\$ _____	Cable	\$ _____ x _____ months
Ontario Student Loan	\$ _____	Food	\$ _____ x _____ months
Canada Study Grant	\$ _____	Personal Care Products e.g. shampoo, toothpaste)	\$ _____ x _____ months
Canada Part-time Student Loan	\$ _____	Child Care	\$ _____ x _____ months
Child Care Bursary	\$ _____	Transportation	\$ _____ x _____ months
Study Opportunity Grant	\$ _____	Car (i.e. gas, insurance, repairs)	\$ _____ x _____ months
Other Loans	\$ _____	Car Loan	\$ _____ x _____ months
Other Resources (must specify)	\$ _____	Minimum Credit Card Payment(s)	\$ _____ x _____ months
		Health Care (if not covered by insurance)	\$ _____
		Sheridan College Parking	\$ _____
		Other Expenses (must specify)	\$ _____
TOTAL	\$ _____	TOTAL*	\$ _____

* Please indicate the total assessment for both Canada and Ontario