Carleton Calgary Alumni Award Application



One bursary will be awarded, valued at \$5,000 for first year. All applicants must be from a Calgary-area high school, have a minimum admissions average of 80 percent, and be applying to an undergraduate degree program at Carleton University. The recipient must then receive and accept an offer of admission, and enroll at Carleton University full-time in the year they are awarded the Carleton Calgary Alumni Award.

Applications must be received at the Awards Office by May 01, 2024

Please email applications to awards@carleton.ca

have reasonably expected).

Section 1 to be completed by candidate			
Surname		Date of Bir	rth
Given Names			
Home Address		City	Province
Postal Code	Telephone		
High School	Program Ap	oplied to	
Selection of the recipient for the Carleton C excellence, the applicant's other interests a applicant's financial need.			
Student's Declaration I authorize Carleton University to release a copy of this award donor, including my academic record and financial			
If requested, I agree to provide the selection committee my application. I declare that the information provided understand that an award may be reassessed and/or with	d on my applicat		
Signature of Applicant			Date
At Carleton University, we recognize and respect the imp In accordance with section 41 of the Freedom of Inform			

information in its custody or control in the following circumstances: where the individual identifies the particular information and consents to its use; for the purpose for which it was collected or a consistent purpose (i.e. a purpose which the individual might





Section 4 Awards (academic and other	er)	
Section 5 Other activities (non-acade)	mic interests and community service	e)
Section 6 A brief statement in support of the app or vice-principal of your secondary school. Your r		
I confirm that to the best of my knowledge that are correct and reasonable.	ne responses to sections 1-5	
Signature	Name (please print)	ate
Position	Length of time acquainted with cane	didate
Telephone:	Email:	



Section 7 *The following information will be used to assess the candidate's financial need.*

Parents Information				
Occupation	Parent 1	Parent 2		
Gross income				
# of dependents still in (other than ap		Ages		
Do your parents give y	you any support (inc	eluding free room and board?)		
Budget (eight months Expenses	s, September - Apri	l) Resources		
Tuition		Savings		
Books		Parents		
Residence Fees/Rent _		Relatives/Friends		
Food		Scholarships/Bursaries		
Utilities		Loans/Grants		
Telephone/Internet		Part-time Earnings		
Personal		Other		
Clothing/Laundry		Total\$		
Uninsured Medical/De	ental	Required to balance budget \$		
Transportation: Local:	:			
Home	: 			
Entertainment				
Other				
Total \$				

Describe in detail why you need financial assistance