

**SIAST**SASKATCHEWAN INSTITUTE OF
APPLIED SCIENCE AND TECHNOLOGY

7 awards x \$2005
ALBERTA CENTENNIAL SCHOLARSHIP
Deadline: June 30, 2010

Eligibility

- Enrolled in first year of a SIAS **diploma** program or a SIAS **shared degree** program.
- When possible, at least one recipient will be chosen from each SIAS campus.

Criteria:

- Financial need (75% weighting).
- Academic achievement (25% of weighting) (*attach transcript*).

1. PERSONAL INFORMATION – Must be completed		
Last Name	First Name	Date of Birth
Permanent Address	City/Province	Postal Code
S.I.N. Number (<i>required for payment</i>)	SIAS ID Number	Phone # / Cell #
Program / Campus	<input type="checkbox"/> I am entering the first year of a diploma or degree program at SIAS this coming fall. (<i>You must check this box to remain eligible.</i>)	

ATTACH A COPY OF YOUR MOST RECENT HIGH SCHOOL TRANSCRIPT		
Required Subjects for Alberta Centennial Scholarship	Mark Received	Final
English A30		F
English B30		F
Social Studies 30 <u>or</u> Native Studies 30 <u>or</u> History 30 (<i>please specify</i>)		F
Science 20 or 30 (<i>highest mark</i>) (<i>please specify: Chemistry, Biology, Physics</i>)		F
Math 20 or 30 (<i>highest mark</i>) (<i>please specify: Math A30, Math B30, Math C30</i>)		F
Add up marks received and divide by 5 to get your average mark.	_____ %	TOTAL

- I declare that the information I have given is true and reflects an accurate summary of my financial information and that I have answered all questions applicable to me.
- This personal information is being collected under the authority of The SIAS Act, 1996, and is protected by The Local Authority Freedom of Information and Protection of Privacy Act. It will be used for the purposes of award selection and administration and will be shared with selection committee members. This personal information may also be used for administrative and statistical purposes by SIAS and/or provincial or federal government ministries and agencies. If selected, recipients' name, and programs of study, may be disclosed to the donor of the award, and published in SIAS's awards programs, and/or used in other media outlets or SIAS publications*

Signature of Student: _____ Date: _____

By applying for awards, students consent to the use and disclosure of their personal information as described above. If you have any questions or concerns about the collection or disclosure of this personal information, contact SIAS Admin Office (306) 659-3733.

2. FINANCIAL INFORMATION - as of Application Date

INCOME			
Monthly Income including:			
1	Employment income (per month) - while attending school	\$	
2	Spouse's monthly income	\$	
3	Monthly income from Band, Indian/Northern Affairs or other sponsoring agency	\$	
4	Monthly child support or alimony	\$	
5	Other monthly income - EI, WCB, PTA	\$	
	Total of income per month - add lines 1 - 5	\$	
	Number of months in the school year X		
6	Sub-total of income in this school year	\$	⇒ \$
Other Income:			
7	Band, Indian/Northern Affairs, or other agency sponsored funding for tuition, books, and supplies	\$	
8	Student or personal loans/funding from parent(s)/relative(s) - Use total amount approved	\$	
9	Savings* - You must claim 1 of the following:		
	• Single student living at home - \$2,400	\$	
	• Single student living away from home - \$500	\$	
	• Married Student - no child(ren) \$1,100	\$	
	• Single parent &/or married with child(ren) - \$0	\$	
10	Scholarships, Bursaries, Awards, and Grants confirmed prior to this application date	\$	
11	Total of other income - add lines 7 - 10	\$	⇒ \$
12	TOTAL OF ALL INCOME - Add lines 6 and 11	\$	⇒ \$
			This amount cannot equal "0"
EXPENSE			
Monthly Living Allowance - Select one only			
13	• Single student living at home - \$450	\$	
14	• Single student living away from home - \$1,000	\$	
15	• Single parent with child(ren) - \$1,300	\$	
16	• Married student and spouse - \$1,900	\$	
17	Sub-total Monthly Living Allowance	\$	⇒ \$
Monthly Living Allowance for Dependents (If none go to line 25)			
18	Allowance per child - \$500	\$500	
19	Number of dependents X		
20	Sub-total of Monthly Allowance for Dependents	\$	⇒ \$
	<i>If you have infirm dependents please contact the scholarships office at your campus.</i>		
CHILD CARE - for children 11 and under			
Claim EITHER line 23 OR line 24			
21	Subsidized Child Care - \$100	\$100	
22	Number of dependents in subsidized Child Care X		
23	Sub-total of monthly subsidized Child Care Expense	\$	⇒ \$
			OR
24	Non-subsidized Child Care - \$400 for the first child and \$150 for each additional child	\$	⇒ \$
25	Sub-total of all monthly expenses - add lines 17, 20, 23, and 24	\$	
26	Number of months in the school year X		
27	Total of Monthly Expenses - line 25 x 26		⇒ \$
Tuition, Books, and Supplies			
28	Tuition - please use actual amount	\$	
29	Books and supplies - \$3,000 maximum	\$	
30	Sub-total of tuition, books, & supplies - lines 28 - 29	\$	⇒ \$
31	Total expenses for the school year - add lines 27 and 30	\$	⇒ \$
32	FINANCIAL NEED - Line 12 subtract Line 31 (If Line 12 is more than Line 31, put "0")	\$	⇒ \$

If there are exceptional circumstances which you would like considered, please note them on the reverse of this page.

