

CGA Saskatchewan Scholarship Fund Inc.

Scholarship & Bursary Application Form

1. Education Information:

Name: _____ CGA Student ID: _____

Phone: _____ E-mail: _____

Residence:

(Apt #, Street, City, Province, Postal Code)

Courses Left to Complete in the CGA Program of Professional Studies:

(Please use course codes, ex: AU1, AT1, etc.)

Scholarship(s) Applying For:

- | | | |
|---|--|--|
| <input type="checkbox"/> Debbie Dillion Memorial Fund | <input type="checkbox"/> Level 2 | <input type="checkbox"/> Level 3 |
| <input type="checkbox"/> Management Accounting Stream | <input type="checkbox"/> Financial Accounting Stream | <input type="checkbox"/> Past Presidents' Fund |
| <input type="checkbox"/> KGR Memorial Scholarship | <input type="checkbox"/> "Students in Need" Bursary | |

Are your tuition and books paid for by another agency?

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Union |
| <input type="checkbox"/> Student Loans | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Other (please specify): _____ | |

2. Employment Information:

Company Name: _____

Company address:

(Apt #, Street, City, Province, Postal Code)

Name and title of supervisor: _____

3. Bursary applications only:

Please check your current annual salary range:

- | | | |
|--|--|--|
| <input type="checkbox"/> Less than \$7,500 | <input type="checkbox"/> \$12,501 - \$15,000 | <input type="checkbox"/> \$20,001 - \$22,500 |
| <input type="checkbox"/> \$7,500 - \$10,000 | <input type="checkbox"/> \$15,001 - \$17,500 | <input type="checkbox"/> \$22,501 - \$25,000 |
| <input type="checkbox"/> \$10,001 - \$12,500 | <input type="checkbox"/> \$17,501 - \$20,000 | <input type="checkbox"/> Greater than \$25,000 |

Are you a single parent?

- Yes No

List the names and ages of any dependant children living with you:

5. Conditions of Acceptance

Information gathered in this application will be used for the purposes of award selection and administration and will be shared with the CGA Scholarship Committee Members. This personal information may also be used for administrative and statistical purposes by CGA Saskatchewan.

If selected, only the recipients' names, and level of study may be disclosed to the donor of the award and published in the CGA Saskatchewan newsletter, other media outlets, and/or CGA publications.

Recipients will be required to give permission to CGA to provide their contact information and other information to the donor of the award if requested by the donor.

I have read and agree to the Conditions of Acceptance.

I declare that the information I have given is true and that I have answered all questions applicable to me.

If at any time I no longer meet award criteria, due to withdrawal or other reasons, payment will be withheld. I understand that the values and availability of awards, policies and procedures regarding that administration of awards may change at the Donor's or CGA Saskatchewan Scholarship Fund Inc.'s discretion.

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 the CGA Saskatchewan Association at: 1.800.667.4754.

Signature: _____

Date: _____

Please submit a completed copy of this form to the following address:

CGA Saskatchewan Scholarship Fund Inc.
209 – 3502 Taylor Street East
Saskatoon, SK, S7H 5H9