

HUSCROFT EDUCATIONAL TRUST

RENEWAL APPLICATION FORM

Please complete with large, bold, and dark **BLACK** letters so that ALL information will be readable after faxing or scanning this form. Writing like this *fun2mailu4fun@hotmail.com* or this *604-428-1275* is NOT acceptable.

A. Personal Information

1. Last name _____ First Name _____ Middle Name _____

2. Age _____ Date of Birth Year _____ Month _____ Day _____ Sex M ___ F ___

Marital Status _____ Social Insurance # _____

3. Address (All correspondence will be sent to this address.)

Address _____

City / Town _____ Province / State _____ Country _____

Postal Code _____ Email _____

Telephone _____ Fax _____

4. Huscroft Family Group Affiliation (Dulce, Kate, Ken, Kevin, Patricia) Relationship _____

5. Parents' Names _____ Telephone _____

6. Contact Person

Please name a person to contact if you cannot be reached.

Name _____ Relationship _____

Address _____

City / Town _____ Province _____ Country _____

Postal Code _____ Email _____

Telephone _____ Fax _____

7. Declaration

I declare that all statements on this application are true and complete. I authorize the release of any academic information held or to be held by any educational institutions relating to my application, including but not limited to admittance, registration and transcripts, to the Advisory Board of the Huscroft Educational Trust. I give permission for my name to be published should I be selected to receive an Award. I agree that the Award will only be paid to me if I enroll as planned in an educational institution as outlined in this application. I agree that the Award will only be paid to me if I maintain a course load and academic standing that is acceptable to the Advisory Board. If I withdraw before completing my program of study, I understand I may be requested to repay all, or part of the Award received.

Signature of applicant _____ Date _____

B. Educational History

1.Name of educational institution last attended _____

2.Address _____

City / Town _____ Province /State _____

Country _____ Postal Code _____

3.Program (e.g. 1st year Arts) _____ Date Completed _____

4.Outline your recent extracurricular activities, community involvement and interests (sports teams, clubs, responsibilities at home, volunteer work, leadership roles, hobbies etc.). Please describe what you have been doing in these areas during the last year that you received support.

5.Outline any recent work experiences you have had (job, position, place of employment and duration). Please indicate whether you have been working during breaks from school or working part-time while studying during the last year that you received support.

6.Record of Academic Performance

Attach a copy of your official Statement of Grades issued by that educational institution that you last attended showing courses and marks for your last year of study. Done? __

7.References

Attach two recent letters of reference from people (not relatives) who can support your extracurricular activities, community involvement or work experience during the past year. Please use the attached forms. Done? __

C. Career Goals

1. What is your career goal? _____

2. Name of educational institution you will be attending _____

Address _____

City / Town _____ Province /State _____

Country _____ Postal Code _____

Fax _____ Telephone _____

3. Faculty / Program of Study _____

4. Major / Specialization _____

5. Length of complete program? (10 months, 4 years, etc.) _____

6. Entering what year of program? (first, second, etc.) _____

7. Is this a Co-op Program involving work terms in industry? Yes ___ No ___

8. Course load this year? (100%, 90% etc.) _____ Units / Credits etc. _____

9. During what months will you be studying this year? (Sep to May, etc.) _____

10. Working towards? (University Transfer, Diploma, Certificate, Degree etc.) _____

11. Planned date of graduation, i.e. completion of studies (Apr 2015, Dec 2016, etc.)? _____

12. Is your course load sufficient to graduate on schedule in the normal time period? Yes ___ No ___

13. What annual salary do you expect to achieve upon graduation? _____

14. Where will you live while studying? (Home, Relatives, Personal Rental, Shared Rental, Dorm, etc.) _____

15. Have you changed your career goal, faculty, program of study or educational institution since your previous application to the Huscroft Educational Trust? No ___ Yes ___

16. If you answered "yes" to question 15 above, briefly outline how your plans will comply with the purpose of the Huscroft Educational Trust, which is to assist in the economic advancement of the Huscroft Family and/or improvement in the welfare of society. Include why you chose to change your career goal, faculty, program of study or educational institution. If you answered "no" to question 15 above, briefly summarize how your educational experience is advancing you towards your career goals in compliance with the purpose of the Huscroft Educational Trust. (No more than 250 words, please.)

D. Expenses and Financial Resources

1. Annual Income (list all your sources of funds for this year of study)

a) List any Awards (with amounts) earned this year (Passport to Education, Provincial Government Scholarship, Bursaries, Scholarships, etc.)

\$ _____ Total

b) List other Income (summer jobs, part-time work etc.)

\$ _____ Total

c) List any support provided by parents or relatives

\$ _____ Total

d) List any student loans

\$ _____ Total

\$ _____ Grand Total Income

2. Annual Educational Expenses (list all your expenses related to this year of study)

\$ _____ Tuition

\$ _____ Textbooks

\$ _____ Other (specify) _____

\$ _____ Other (specify) _____

\$ _____ Other Educational Fees

\$ _____ Grand Total Expenses

3. Income minus expenses

\$ _____ Net Income or Deficit

4. Support Requested

\$ _____ Support Requested

5. When are you requesting your first payment?

Now ___ After submitting a Payment Request form at the next deadline ___

If requesting payment now, you must complete the Bank Information section. Done? ___

6. Will you be able to pursue our program of study without support? Yes ___ No ___ Unsure ___

7. Will you be working during school breaks? Yes ___ No ___ During the school term? Yes ___ No ___

8. Normally only tuition, textbooks and other educational expenses are covered by the Award. If you are requesting more, please justify by providing other information you feel should be considered (parents unable to provide support, dependents, special circumstances, etc.)

E. Bank Information

1. Would you like to be paid by wire transfer? Yes ___ No ___

If you answered "yes" to question 1 above, please fill out the following banking information such that a wire transfer can be implemented. If you answered "no", a cheque will be sent to your address as entered previously.

2. Bank Name _____

3. Bank Location _____

Address _____

City / Town _____ Province / State _____ Country _____

Postal Code _____

Telephone _____ Fax _____

4. Bank Transit # _____ (always 5 digits)

5. Bank Institution # _____ (always 3 digits)

6. Bank Account # _____ (all the remaining digits on your cheque as shown below)

7. Account Owner's Name _____

The following example shows where this information is marked on a typical Canadian bank cheque.

MR. JOHN JONES
1645 DUNDAS ST. W, APT. 27
TORONTO, ON M6K 1V2

DATE **20061201**
Y Y Y Y M M D D

PAY TO THE ORDER OF Wikimedia Foundation \$ **100.55**

One Hundred Dollars and 55/100 DOLLARS

FIRST BANK OF WIKI
Victoria Main Branch
1425 James St., P.O. Box 4001
Victoria (B.C.) V8X 3X4

MEMO Donation

John Jones **MP**

⑈ 243 ⑈ ⑈ 00005 ⑈ ⑈ 23 ⑈ ⑈ 23 00456 ⑈ 7 ⑈

YOUR CHEQUE NUMBER **BANK TRANSIT NUMBER** **BANK INSTITUTION NUMBER** **BANK ACCOUNT NUMBER**

HUSCROFT EDUCATIONAL TRUST

AUTHORIZATION FOR RELEASE

Name _____
Address _____
City / Town _____ Province /State _____ Country _____
Postal Code _____ Email _____
Telephone _____ Fax _____
Student Identification Number _____

Educational Institution _____
Address _____
City / Town _____ Province /State _____ Country _____
Postal Code _____ Email _____
Telephone _____ Fax _____

Authorization

I authorize the release of any academic information held or to be held by this educational institutions relating to my application, including but not limited to admittance, registration and transcripts, to the Huscroft Educational Trust.

Signature _____ Date _____

HUSCROFT EDUCATIONAL TRUST

REFERENCE

Name of Applicant _____

Please have this page completed by a post secondary teacher, a community leader or employer. This person should not be a relative. This form is to be submitted with your application.

Name _____ Title _____

Address _____

City / Town _____ Province /State _____

Country _____ Postal Code _____

Telephone _____ Fax _____

Email Address _____

I have known the applicant for the period from _____ to _____ in my capacity as _____.

Please speak to the candidate's character, considering responsibility, commitment and involvement etc., giving concrete examples where possible.

Signature _____ Date _____

HUSCROFT EDUCATIONAL TRUST

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