

# HUSCROFT EDUCATIONAL TRUST

## RENEWAL APPLICATION FORM

Please complete with large, bold, and dark **BLACK** letters so that ALL information will be readable after scanning this form. Writing like this *fun2mailu4fun@hotmail.com* or this *604-428-1275* is NOT acceptable. DO NOT assume that you can leave out information that was provided on a previous application or form.

### A. Personal Information

1. Last name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
2. Age \_\_\_\_\_ Date of Birth Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Sex M \_\_\_ F \_\_\_  
Marital Status \_\_\_\_\_ Country of Residence For Tax Purposes \_\_\_\_\_  
Taxpayer Identification Number (SIN or equivalent) \_\_\_\_\_

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

Address \_\_\_\_\_  
City / Town \_\_\_\_\_ Province /State \_\_\_\_\_ Country \_\_\_\_\_  
Postal Code \_\_\_\_\_ Email \_\_\_\_\_  
Telephone \_\_\_\_\_

4. Huscroft Family Group Affiliation (Dulce, Kate, Ken, Kevin, Patricia) \_\_\_\_\_

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 \_\_\_\_\_

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 understand the Huscroft Educational Trust will disclose my personal information to Revenue Canada, as required by law, and as required for me to be registered as a beneficiary of the Huscroft Educational Trust, including my full legal name, date of birth, address and country of residence for tax purposes, and my Social Insurance Number (or equivalent for a beneficiary resident outside of Canada). 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. 1<sup>st</sup> 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.

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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.

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### 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 a recent letter of reference from someone (not a relative) who can support your extracurricular activities, community involvement or work experience during the past year. Please use the attached forms. Done? \_\_\_



**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.)

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\$ \_\_\_\_\_ Total

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

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\$ \_\_\_\_\_ Total

c) List any support provided by parents or relatives

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\$ \_\_\_\_\_ Total

d) List any loans to be taken out this year

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\$ \_\_\_\_\_ 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 (specify) \_\_\_\_\_

\$ \_\_\_\_\_ 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. What is your present total of student loans owed? \$ \_\_\_\_\_

8. Will you be working during school breaks? Yes \_\_\_ No \_\_\_ During the school term? Yes \_\_\_ No \_\_\_

9. 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.)

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## 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 ⑈ ⑈ 456 ⑈ ⑈ ⑈

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 institution 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 \_\_\_\_\_