

CA EDUCATION FOUNDATION AWARD APPLICATION FORM

Deadline for submissions: May 15

INTRODUCTION TO THE AWARD

The CA Education Foundation is pleased to offer three scholarships of \$1000 annually in the spring to students registered with the CA School of Business. Students must have registered in Module 1 or be in their first summer of the MPAcc. program. The scholarship is based on financial need, a commitment to learning and an intention to become a CA. Submit your application to the CA Education Foundation at the address below by May 15. A committee will review the applications and notify successful applicants approximately 4 weeks after the application deadline.

APPLICANT DETAILS

Name: Mr. Ms. _____

Marital Status: Married Single Common-law Separated

Number of dependants supported by me: _____

Mailing Address: _____

Permanent Address: _____

(if different than Mailing Address) _____

Phone Number: _____

Email Address: _____

Date that your employment with a CA firm commenced: _____ / will commence: _____

PLEASE ATTACH THE FOLLOWING:

- a letter of reference from an accounting instructor (from college or university or CASB)
- a one page letter (approx 500 words) outlining the reasons for your current financial situation

FINANCIAL INFORMATION – please include spouse or common-law partner if applicable.

<u>Income Sources</u> (monthly)	<u>Self</u>	<u>Spouse/common-law</u>
Salary (gross)	_____	_____
Other (specify) _____	_____	_____
Other (specify) _____	_____	_____
TOTAL:	=====	=====

<u>Expenses (monthly)</u>	<u>Self</u>	<u>Spouse/common-law</u>
Rent	_____	_____
Bank loans	_____	_____
Student loans	_____	_____
Credit card	_____	_____
Loans from family members	_____	_____
Other obligations (specify)_____	_____	_____
_____	_____	_____
TOTAL:	=====	=====
 <u>Assets</u>		
Short & long term investments	_____	_____
RRSP	_____	_____
Real estate	_____	_____
Vehicle	_____	_____
TOTAL:	=====	=====
 <u>Debts (please specify.)</u> Please indicate total debt and amount still owing.		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL:	=====	=====
NET WORTH:	=====	=====

I hereby confirm that the information provided in this application is true, correct and complete.

Signature

Date

