



CHEVRON CANADA/MOLNAR ENTRANCE BURSARY APPLICATION

The Chevron Canada Resources/Molnar Bursary is to be awarded to a female or male single parent student in financial need entering into a university transfer program at College of the Rockies with plans to pursue a career in engineering or sciences. Financial need and academic achievement may be considered.

Personal Information

_____	_____	_____
Last Name	First Name	Student Number (if known)
_____	_____	_____
Social Insurance Number (SIN)	Citizenship	Date of Birth (mm/dd/yy)
_____	_____	_____
Mailing Address	City, Province	Postal Code
_____	_____	
Telephone	email	
_____	_____	_____
Marital Status	No. of Dependants:	Ages:

Academic Information

Last Secondary School attended

_____	_____	_____
School Name	City/Town, Province	Telephone
_____	_____	_____
Secondary School Graduation Date or last date attended	Month/Year (mm/yy)	Last grade completed

Previous Post-Secondary

_____	_____	_____
School Name	City/Town, Province	Telephone

Program applied for:

Start Date:

Education Goal:

Have you applied for a student loan?

If so, how much did you receive?

Do you own a vehicle?

Year:

Make:

Model:

Value:

Do you: Live at home owned by parents or other family?

Own your home?

Rent?

Do you have any community service or volunteerism?

If so, explain:



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STUDENT BUDGET - Information while attending college

Program Length (# months):			
RESOURCES:		PROGRAM COSTS:	
Funding		Expenses while attending COTR	
Bursaries	\$	Tuition Fees	\$
Scholarships	\$	Books & Supplies	\$
Student Loan	\$	One-time Exceptional Expenses	\$
Sponsorships (HRDC/Band/etc)	\$	*see note below	
Savings or RESP	\$	(C) Total Program Costs	\$
Parental Contribution	\$		
Other Funding *	\$		
(A) Total Funding	\$		
		Monthly Living Costs	
Monthly Income		Rent or Mortgage (Including Taxes)	\$
Income\Wages	\$	Food & Basic Living Necessities	\$
Spouse's Income	\$	Utilities (Hydro, Gas, Phone, Cable)	\$
Family Allowance	\$	Insurance (Vehicle, Life, House)	\$
Child Care Subsidy	\$	Loan Payments	\$
Sponsorship (HRDC, Band)	\$	Transportation (Gas, Maintenance)	\$
Other Monthly Income	\$	Child Care Costs	\$
Subtotal Monthly Income	\$	Miscellaneous (Entertainment, Haircuts, etc)	\$
Multiply by the # months of the program	x	Medical/Dental (Prescriptions, glasses, etc)	\$
(B) Total Monthly Income	\$	Other Monthly Expenses *see note below	\$
		Subtotal of Monthly Costs	\$
Total Resources (A + B)	\$	Multiply by # months of the program	x
		(D) Total Living Costs	\$
*Explain additional information or details concerning other or one-time exceptional income or expenses:			
		Total Resources (A+B)	\$
		Total Program + Living Costs (C+D)	\$
		Total Need: (Resources – Costs)	\$

I certify that the information contained in this application is complete and correct. I authorize the Awards Committee, if necessary, to report my name, address, program, and award status to the donor(s) of this award and to use my name in various public relations publications, presentations, and announcements to promote the College of the Rockies and its awards programs.

Signature: _____

Date: _____

Successful applicants will receive the funds once enrolment is confirmed. All funds will be placed on the student's accounts and disbursed accordingly. Any refunds will be returned to COTR.

Mail or drop off application to: Financial Assistance and Awards Office
 College of the Rockies
 PO Box 8500, 2700 College Way
 Cranbrook, BC V1C 5L7

Application Deadline: August 13, 2010