



## APPLICATION FORM

### Description

This \$250 bursary is in memory of Mrs. Elizabeth Luft, who was a committed Christian mother and church member in the Didsbury community, by family and friends with funds donated at the time of her death.

### Application Requirements

1. You are a returning student with an AGPA of at least 2.00 and are enrolled in at least 9 cr. hrs. in the following Fall or Winter semester. Preference will be given to students who are more advanced in their studies.
2. You have a sincere commitment to serving the Lord as evidenced by your volunteer ministry, short term missions, a stated call, a declared major in missions or pastoral work or other Christian ministry. Please briefly detail below, or attach a separate sheet if necessary, evidence of your ministry involvement.
3. Complete and attach a Financial Aid Application to this application, as you must show financial need in the event a decision has to be made between 2 applicants.

Ensure your application is submitted to the Academic Services Office by **March 15<sup>th</sup>** in an envelope addressed to the following or FAX (403) 220-9567.

**Rocky Mountain College**  
 Attention: Scholarship Committee  
 4039 Brentwood Road NW, Calgary, AB T2L 1L1

Your Name \_\_\_\_\_

Address, City/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Ministry Involvement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Office Use Only:**

Date Received \_\_\_\_\_

Statement

Fin Aid App

Response:  Awarded  Not Awarded

Date Student Notified \_\_\_\_\_

Signature of Scholarship Committee Chairperson \_\_\_\_\_



Student Financial Aid Program  
APPLICATION FORM AND BUDGET

Student: _____	Social Insurance No.: _____
For academic year Sept. ____ to April ____	Date of Application: _____
Enrolled in: ____ credit hours Fall semester; ____ credit hours Winter semester ____	
Year of Studies: ____ year of a ____ year program	

*(Note: If you are married, include total family revenues, expenses, assets and liabilities below.)*

<u>Source of Funds:</u>	<u>Fall Semester</u>	<u>Winter Semester</u>
Savings:	\$ _____	\$ _____
Part time employment:	\$ _____	\$ _____
Spouse's employment	\$ _____	\$ _____
Parents/other:	\$ _____	\$ _____
Scholarships/grants:	\$ _____	\$ _____
Student loans:	\$ _____	\$ _____
TOTAL AVAILABLE: (A)	\$ _____	\$ _____

Expenses:

Tuition and fees:	\$ _____	\$ _____
Books:	\$ _____	\$ _____
Housing:	\$ _____	\$ _____
Board/Food:	\$ _____	\$ _____
Loan Payments:	\$ _____	\$ _____
Transportation	\$ _____	\$ _____
Personal items:	\$ _____	\$ _____
Other:	\$ _____	\$ _____
TOTAL EXPENSES: (B)	\$ _____	\$ _____

Unmet need: (A) MINUS (B) = \$ \_\_\_\_\_ - \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Assets you own

Liabilities you owe

Vehicles: (car, bike, etc.) \$ \_\_\_\_\_  
 GIC's, term deposits etc. \$ \_\_\_\_\_  
 RRSP's \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

To other colleges: \$ \_\_\_\_\_  
 Student loans  
 from previous years: \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

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

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

Will you be working while you study: No \_\_\_\_\_ Part- time \_\_\_\_\_ Full-time \_\_\_\_\_

Is there any additional information that should be considered by the Committee?

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For Office use only:		
Date	Amount	Signature of Recipient
_____	_____	_____
_____	_____	_____
My signature indicates that I agree that if I withdraw or am expelled from RMC before the end of the current semester, I will repay any grants received in this semester, pro-rated from the date of withdrawal/ expulsion to the end of the semester.		