

# The Fred & Freda Geuder Educational Fund

## Application For Post Secondary Students (up to and including 4<sup>th</sup> year students)

### A. PERSONAL/ACADEMIC INFORMATION

Have you applied for admission to an accredited post-secondary institution? YES \_\_\_\_\_ NO \_\_\_\_\_

1. SOCIAL INSURANCE NUMBER: \_\_\_\_\_

2. MS. \_\_\_\_\_ LEGAL SURNAME \_\_\_\_\_ LEGAL GIVEN NAMES IN FULL \_\_\_\_\_

MR. \_\_\_\_\_

3. DATE OF BIRTH YEAR \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_

4. SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

5. ADDRESS:

CURRENT:

PERMANENT: \_\_\_\_\_ Same as current

Street \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Telephone \_\_\_\_\_

Home Telephone \_\_\_\_\_

Business Telephone \_\_\_\_\_

Business Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

6. HIGH SCHOOLS ATTENDED:

School Name

City/Town/Province

Date Completed  
(Month/Year)

Grade 10 \_\_\_\_\_

Grade 11 \_\_\_\_\_

Grade 12 \_\_\_\_\_

7. SPECIFY THE FACULTY YOU WILL ENTER IN THE UPCOMING YEAR:

University/College: \_\_\_\_\_

Faculty: \_\_\_\_\_

Major: \_\_\_\_\_

### B. EXTRA CURRICULAR ACTIVITIES

List below in point form all school, community and personal activities in which you participated in during your high school years.

Describe the capacity in which you were involved and time commitment. Include any executive positions you held and achievements you have made in areas such as citizenship, sports, the arts, etc.

Please identify those that are paid positions. For each sports activity listed, please indicate if you were on an organized team or in a league.

Attach a separate sheet if necessary.

ACTIVITY	Time Commitment	
	Hrs/Month	# Months
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**C. FINANCIAL INFORMATION**

**The Fred and Freda Geuder Educational Fund requires financial needs as one of the criteria.**

1. If you are unable to work full time next summer, give reasons why:

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2. Complete this budget for you upcoming academic year (Fall and Winter terms only). Explain any extenuating circumstances in the Comments section.

Tuition & Fees	\$ _____	<b>RESOURCES</b> Savings as of start of academic year	\$ _____
Books & Supplies	\$ _____		Your expected part-time earnings during the academic year
Estimated living costs: (Including rent, food, transportation, utilities, clothing & personal expenses) \$ _____ x 8 months =	\$ _____	Investments: Specify _____	\$ _____
Exceptional Expenses (Specify with amounts) _____ \$ _____ _____ \$ _____	\$ _____	Scholarships/Bursaries (include only those confirmed for the upcoming year) Specify: _____	\$ _____
<b>TOTAL EXPENSES</b>	\$ _____	Contribution from your parents for the upcoming year.	\$ _____
		<b>TOTAL RESOURCES</b>	\$ _____

**TOTAL EXPENSES \$ \_\_\_\_\_ minus TOTAL RESOURCES \$ \_\_\_\_\_ = SHORTFALL \$ \_\_\_\_\_**



**G. DECLARATION / SIGNATURE**

**This section MUST be completed by all students.**

This information is collected under the authority of the Freedom of Information and Protection Privacy Act and Taxation Act. It is required to determine your eligibility for awards and will be disclosed to relevant Town of Hanna personnel.

**Declaration of Applicant**

I have read the instructions, and hereby make application to the Town of Hanna, and I declare:

- a) I have answered all questions applicable to me and that all information is true and complete;
- b) I will notify the Town of Hanna if I withdraw from full-time status;
- c) I authorize the Town of Hanna to request and receive additional information pertaining specifically to my high school academic performance and enrolment status for the specific purpose of determining my eligibility for awards;
- d) in the event that I receive an award and in order to recognize my achievement, pertinent information may be released to the donor(s) of the award, my high school, provincial funding bodies; Town of Hanna personnel; and for Town of Hanna promotional purposes;
- e) I acknowledge that if I receive an award, the award amount will be disclosed to the Financial Services office;
- f) I authorize that information provided on this application may be used for research and statistical analysis.

NAME: (Please print)\_\_\_\_\_

SIGNATURE:\_\_\_\_\_ DATE:\_\_\_\_\_

**SUBMIT YOUR COMPLETED APPLICATION DIRECTLY TO THE TOWN OF HANNA.**

Applications **must** be received on or before September 1 of the year entering post secondary school. It is your responsibility to ensure that all relevant information has been included or attached. Incomplete application may result in disqualification from the award.