



## **Aufricht Family Fund Student Award**

**DEADLINE:** MAY 30

**VALUE:** One or more awards valued at \$3000-\$5000 (renewable for three (3) years of consecutive study as long as criteria continue to be met, applied directly to tuition).

**CONDITIONS:** For students graduating Grade 12 from either a Public or Separate School in Calgary accepted for full-time first year studies at SAIT or University of Calgary. Students show financial need.  
Satisfactory academic standing.  
Community involvement.

**APPLY TO:** Aufricht Family Fund Student Award  
c/o Student Awards Officer  
The Calgary Foundation  
700, 999 8<sup>th</sup> Street SW  
Calgary, AB T2R 1J5  
Fax: 403-802-7701  
Email: [studentawards@thecalgaryfoundation.org](mailto:studentawards@thecalgaryfoundation.org)

**\* Number and value of renewable scholarships is dependant upon financial market performance.**



**Aufricht Family Fund Student Award  
Application Form**

**Personal Information (Print)**

Name: Ms.  Mr.  Surname: \_\_\_\_\_ Given: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Permanent Home Address: Same as above  or:

\_\_\_\_\_

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

Email Address: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_

Citizenship: Canadian citizen  Permanent Resident  Student Visa

**Academic Record**

Name and location of high school: \_\_\_\_\_

\_\_\_\_\_

Expected Grade 12 average final grade (**attach a copy of your most recent transcript**): \_\_\_\_\_

Post-secondary you will be attending: SAIT  University of Calgary

Student ID #: \_\_\_\_\_

For the upcoming year specify:

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

In which session do you plan to be registered full time?: Fall  Winter

If you will not be registered full time for both fall and winter, explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Community Involvement and Other Information**

Number and type your responses to the following on a separate page and attach to this application form:

1. Describe any leadership responsibilities you have taken on in your school or community.
2. What are your personal interest and goals outside of the academic environment, for example, sports?
3. Describe the impact that having a post-secondary education will have upon your life.

**Financial Information**

Explain any extenuating circumstances in an attached covering letter.

Marital status:

Single <input type="checkbox"/>	Single Parent <input type="checkbox"/>	Married <input type="checkbox"/>	Common-law <input type="checkbox"/>
Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>	

Spouse's Occupation: \_\_\_\_\_ Net monthly income: \_\_\_\_\_

Number of individuals in your household: \_\_\_\_\_

Number of weeks you will be employed this summer: \_\_\_\_\_

Net earnings: \_\_\_\_\_ Estimated savings from summer employment: \_\_\_\_\_

If you are unable to work full-time for the summer, give reasons why: \_\_\_\_\_

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Where are you living during the four months prior to this September? With parents  Other

Did you apply for a student loan? Yes  No



Complete this budget for the academic year (Fall and/or Winter terms only). If married, or common-law, the budget should be for the whole family.

EXPENSES		RESOURCES	
Tuition and Fees	\$ _____	Savings as of start of academic year (exclude investments)	\$ _____
Books and supplies	\$ _____	Your expected part-time earnings during the academic year	\$ _____
Where do you plan to live while attending University? Parent's home <input type="checkbox"/> Other <input type="checkbox"/>		Investments Specify: _____	\$ _____
Estimated Living Costs: (including rent, food, transportation, utilities, clothing and personal expenses) \$ _____ /month x 8 months =	\$ _____	Scholarships/Bursaries (only those confirmed for the upcoming year) Specify: _____	\$ _____
		Contribution from parents Does this include a Registered Education Savings Plan? Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
		Contribution from spouse (net earnings during academic year)	\$ _____
Exceptional Expenses (Specify with amounts) _____ _____	\$ _____	Other Income – Specify _____ _____	\$ _____
TOTAL EXPENSES	\$ _____	TOTAL RESOURCES	\$ _____
TOTAL EXPENSES \$ _____ minus TOTAL RESOURCES \$ _____ =SHORTFALL\$ _____			

Include a letter of reference from a teacher or administrator with your application form.



**PRIVACY AND CONSENT**

The Calgary Foundation respects your privacy. For detailed information regarding the Foundation's privacy policy, call (403) 802-7707.

The information that I provided for this application is true, accurate and complete.

I am aware that providing incomplete or false information will be considered fraud and will affect my ability to access future funding.

I authorize The Calgary Foundation to access student information maintained by my high school and the post-secondary institution that I will and/or am attending for the purpose of determining and verifying eligibility for, and the general administration of the award(s) for which I have applied. I am aware that the granting of these awards is subject to conditions listed in my acceptance letter.

I authorize the Selection Committee to contact my references if needed.

I authorize The Calgary Foundation to distribute this application to the Selection Committee for review.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT FOR PUBLIC RECOGNITION OF STUDENT AWARD RECIPIENT**

Signing this consent form permits The Calgary Foundation to publicly recognize the achievement of the student as a recipient of the award.

If selected for an award, consent is given to The Calgary Foundation to publish the student's name, school location with award(s) received, future post-secondary plans and excerpts from answers to the essay question contained in the application form. This and celebrating recognition may take place at public award ceremonies or be displayed publicly in one or more ways including but not limited to newspaper, school newsletter, and yearbook for the purpose of recognizing student accomplishment(s). It is understood that not signing this consent will not prejudice the consideration of student award applications.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

It is your responsibility to ensure that all relevant information has been included or attached. Incomplete applications may not be considered.