

A) To be answered by **INDEPENDENT** students. An independent student is one of the following:

- Married, or
- Has been employed for three years

Period of employment for last 12 months: _____ Gross Earnings: \$ _____

Give details of any financial assistance you will receive for the coming year (i.e. loans, scholarships, bursaries, etc.)

B) To be answered by all **DEPENDENT** students. A dependent student does not have the criteria for independence.

Are you presently residing with the chief wage earner? _____

Occupation of chief wage earner in your family? _____

Gross annual income: _____ Relationship to you: _____

Number of other persons dependent on him/her:

If any other members of family are attending a post secondary institution, provide name, age, faculty, year and institution:

Signature of Parent/Guardian

C) To be answered by **MARRIED** students:

Number of dependent children: _____

Monthly income of wife/husband: \$ _____ Occupation: _____

TO BE COMPLETED BY ALL APPLICANTS

Please complete this budget for the following academic session. Your budget must reflect your receipts and expenses for this academic session. If married, budget should be for the whole family. If extenuating circumstances exist please outline them on a separate note attached to this form.

RECEIPTS	AMOUNT	EXPENSES	AMOUNT
Savings on hand beginning of session		Tuition and Fees	
Expected part time earnings during school term		Books and Supplies	
Contribution from parents or spouse		Estimated living costs (rent, food, clothing, etc.)	
Other income (tax rebates, etc.)		Babysitting (actual cost)	
Scholarships/Bursaries already granted		Other (explain)	
TOTAL RECEIPTS		TOTAL EXPENSES	

Briefly state your reasons for indicating a need for financial assistance

DECLARATION:

I, _____ do solemnly declare that to the best of my knowledge the required information supplied above is correct and complete in every respect.

Signature of Applicant

BUDGET

REFERENCES

NAME:	
TELEPHONE:	
RELATIONSHIP:	
NAME:	
TELEPHONE:	
RELATIONSHIP:	

Return completed application form with transcripts and documentation from institution to:

MDA Education Foundation
9249 – 48 Street, Edmonton, AB T6B 2R9
Tel: 780/468-9552, Fax: 780/465-6201
Email: info@mdaalberta.com
Website: www.mdaalberta.com

Please Ensure Copies of the following Documents Are Included with Your Completed Application Form (required for consideration):

- 1) Transcript from your previous year's training *(if entering first year, high school transcripts are required)*
- 2) Enrollment Letter From the Institution (ie: NAIT, SAIT, RDC, etc) confirming that you are enrolled for upcoming or current training.

