**Applicant Personal Information**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: **Click here to enter text.** | | | | | | | | Last Name: **Click here to enter text.** | | |
| Date of birth (mm/dd/yyyy): Click here to enter text. | | | | | | Social Insurance Number: Click here to enter text. | | | | |
| Phone Number: Click here to enter text. | | | | | | Email (*\*required)*: Click here to enter text. | | | | |
| Street Address: Click here to enter text. | | | | City: Click here to enter text. | | | | | Postal Code: Click here to enter text. | |
| Marital Status: Choose an item. | | | | | | Employment Status: Choose an item. | | | | |
| Legal Status: | Permanent Residence | | Canadian Citizen | | | | Number of Dependents: Click here to enter text. | | | |
| Housing Accommodation | | Shared Housing | | | Live with parents | | | | | Rent |
| Highest level of education achieved: Choose an item.  If none of the above apply, what was the last grade completed? Click here to enter text. | | | | | | | | | | |
|  | | | | | | | | | | |
| **Tell us about the applicant’s situation; the barriers they face to education and employment and the impact this award will have for them.**  Click here to enter text. | | | | | | | | | | |
| **What are your desired outcomes from education?**  Click here to enter text. | | | | | | | | | | |
| **Once your education is complete, what job prospects are there and at what wage range? Will this help you reach economic stability?** *(please refer to your WorkBC Work Plan)*  Click here to enter text. | | | | | | | | | | |
| **Please provide a detailed support plan** (with your social worker, case worker or counselor) **that will help you achieve educational and employment success.**  Click here to enter text. | | | | | | | | | | |
| You **must** complete a Labour Market Consultation with WorkBC (or equivalent public or private expert labour market agency)? ***Please attach documentation with this application.*** | | | | | | | | | | |

**Applicant Academic Program Information**

|  |  |
| --- | --- |
| Name of School: Click here to enter text. | |
| School Address: Click here to enter text. | |
| Name of Program: Click here to enter text. | Program Length: Click here to enter text. |
| Program Start Date: Click here to enter text. | Program Completion Date: Click here to enter text. |
| Final Acceptance Date: Click here to enter text. | Registration Date: Click here to enter text. |

**Complete Schedule A (Academic Program Information)*.***

*Please ensure to provide academic program details for each of the school terms and semesters. Use additional page if necessary*

**Applicant Student Loan:**

Have you applied for StudentAid BC this academic term? Choose an item.

If yes, what is your cumulative total student loan debt: $ Click here to enter text.

If no, why have you NOT applied for student loans for this academic period?

Click here to enter text.

**SOURCES OF INCOME**

**Employment** *(if employed, complete this section):*

|  |  |  |
| --- | --- | --- |
| **Name of Employer** | **Hourly Wage** | **Average number of hours per week** |
| Click here to enter text. |  | Click here to enter text. |
| Click here to enter text. |  | Click here to enter text. |

**Other Source(s**) *(income received for this academic term - bursaries, scholarships, etc.)*

|  |  |  |
| --- | --- | --- |
| **Name of Organization** | **Date Received** | **Amount Received** |
| Click here to enter text. | Click here to enter a date. | $ Click here to enter text. |
| Click here to enter text. | Click here to enter a date. | $ Click here to enter text. |
| Click here to enter text. | Click here to enter a date. | $ Click here to enter text. |

**Complete Schedule B (Budget Information)*.***

**Applicant Declaration:**

I understand that I am applying for funding based on financial need. That by signing below I certify that the information I have provided on this application is complete and accurate. I intend to be a student for the academic period stated in this application.

Personal information collected on this form is collected under the authority of the Personal Information Protection Act (PIPA) and is subject to all the provisions of the Act. The personal information collected will be kept confidential and only be used by Family Services of Greater Vancouver to administer payments of the SpencerCreo Impact Award. If you have any specific questions concerning the collection and use of personal information, please contact the Privacy Officer of Family Services of Greater Vancouver.

I also understand and accept that Family Services of Greater Vancouver will contact me up to six months after program completion to obtain feedback about the impact of this award.

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Applicant Signature Date

**Sponsor Organization Information *(to be completed by SPONSOR ORGANIZATION)***

|  |  |  |
| --- | --- | --- |
| Organization Name: Click here to enter text. | | |
| Contact Person: Click here to enter text. | Title: Click here to enter text. | |
| Email: Click here to enter text. | Phone number: Click here to enter text. | |
| Address: Click here to enter text. | City: Click here to enter text. | Postal Code: Click here to enter text. |
| Support Worker Name: Click here to enter text. | Title: Click here to enter text. | |
| Email: Click here to enter text. | Phone number: Click here to enter text. | |
| Emergency Contact Name: Click here to enter text. | Emergency Contact Number: Click here to enter text. | |

**Assessment of Readiness to complete program**

We have a relationship with the prospective student and are prepared to provide the support (emotional and logistical), to help the student achieve success throughout the duration of the program. Our assessment is that the prospective student is, at this time, in a position (emotionally, psychologically and physically) that is conducive to pursuing post-secondary education.

**Please attach Risk Assessment and Mitigation Plan**

**Sponsor Organization Expenses -** complete this section on **Schedule B (Budget Information)**

(OPTIONAL - *complete this section only if sponsor organization requires funding to provide support hours to the sponsored student).*

**Sponsor Organization Declaration:**

I understand that I am required to support the applicant during this academic period. I will provide an update each semester to Family Services of Greater Vancouver upon the approval of this application.

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Sponsor Organization Employee Signature Date