


Bow Corridor Continuing Education Council



Application for Course Funding Assistance

Our Community. Our Commitment.

Bow Corridor Continuing Education Council and Hostelling International Canada - Southern Alberta are committed to the philosophy of lifelong learning and discovery. To encourage this philosophy, adult residents of the Bow Valley in financial need may apply for financial assistance on selected courses. These courses are shown throughout this calendar with a  symbol.

You may apply for one course only per term.

PLEASE PRINT

Full name: _____ Age: _____ Sex: ___M___F

Mailing Address: _____ Postal Code: _____

Email: _____ phone # (home): _____ work _____

How long have you lived in the Bow Valley? _____

Course Name: _____ Dates: _____ Fee: _____

Course Location: _____

Current Employer: _____ Unemployed: _____

Please indicate your total yearly net personal income or family income; whichever is higher. Net income is "take home" pay.

0-\$19,999 _____ \$20,000-\$29,900 _____ \$30,000-\$39,900 _____ Over \$40,000 _____

Please indicate the number of dependents (individuals supported by your income) that live in your household:

Adults: _____ Children: _____

Have you received course financial assistance from us before? _____ When? _____

I certify that all statements on this application are complete and correct.

Signature _____ Date: _____

Successful applicants will be notified of funding assistance for the course up to a maximum of \$50. The agency offering the course will credit your account, we do not pay the applicant.

All applications must be faxed to 762-4036 or handed in at time of registration

Questions? Phone: 762 8114 or email bccec@telus.net

This personal information is being collected under the authority of the Municipal Government Act for the purpose of participating in Community Classes. It is protected under the privacy provisions of the Freedom of Information and Protection of Privacy Act.

For office use only: Eligible/not eligible: _____ \$ _____ Awarded, Date Contacted _____ Chq # _____