

**ALBERTA SCHOOL OF BUSINESS
APPLICATION FOR FINANCIAL SUPPORT FOR INTERNATIONAL ACTIVITIES
INTERNATIONAL ACTIVITY FUND**

This form is for the use of Undergraduate students who are engaging in University of Alberta School of Business related International activities including, but not limited to, academic exchanges, work placements and study tours, and who have financial need.

*****DEADLINES FOR APPLICATIONS VARY DEPENDING ON THE ACTIVITY
SUPPORTED. ASK AT UNDERGRADUATE OFFICE *****

I AM APPLYING FOR FINANCIAL SUPPORT FOR

ACADEMIC EXCHANGE _____
WORK PLACEMENT _____
STUDY TOUR _____ COUNTRY _____

OTHER (please specify) _____

Name _____
Surname Given

Social Insurance Number: _____ **Student ID:** _____
(Required for Tax Purposes)

University of Alberta E-mail address: _____

Telephone: _____ (home) _____ (cell)

Mailing Address: _____
(Please include Postal Code) _____

Permanent Address: _____
(If different from mailing.) _____

Date of Birth: _____ **Citizenship:** Canadian: _____
Permanent Resident: _____
Student Visa: _____
Citizen of: _____

Major or Area of Specialization: _____

Year completed: Entrance _____ Year 2 _____ Year 3 _____ Year 4 _____

Are you in the Co-operative Education program? Yes ___ No ___ Applying _____

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Please note that financial need is the main criterion for this assistance, but other factors are also relevant. On a separate sheet of paper, provide a brief Statement in Support of Application (1-2 pages) that addresses why you would be a good recipient of financial support for your international experience. In your summary you could address such questions as:

What previous international experience have you had and when? (Include any vacations or periods of living in another country as well as any academic or work experiences in another country.)

How will this international experience benefit you and enhance the value of your academic career? (You can include specific vocational goals after graduation including any special field of interest or type of employment planned where this international experience would be relevant.)
 What extracurricular activities (on and off campus) have you participated in?

What can you tell us about your financial situation that makes you a student who is in particular need of financial support to allow you to undertake international activities?

Please complete this budget for the Fall and Winter Sessions (eight months). If married or common-law, the budget should be for the whole family.

RESOURCES	\$\$	EXPENSES	\$\$
Savings		Tuition & Fees	
Expected earnings during school term		Books & Supplies	
Contribution from parents or spouse		Estimated living costs (including rent, food, transportation, utilities, clothing, etc.)	
Investments - Specify		Exceptional Expenses (eg; day care. Specify amounts)	
Other income (tax rebate, family allowance, etc.)			
Scholarships/Bursaries (only those confirmed for this current year)			
TOTAL RESOURCES		TOTAL EXPENSES	
	minus TOTAL RESOURCES		
	Equals AMOUNT REQUIRED		

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In addition, please answer the following questions.

1. Where do you normally live during Fall/Winter Session?
Parent's Home ____ University Residence ____ Other ____ Own Home ____
2. Where do you normally live when not in school?
Parent's Home ____ University Residence ____ Other ____ Own Home ____

Please note that your parent or other family member must consent to you disclosing the information in this section. If your parent or other family member would prefer not to disclose this information, please indicate that on the form. You will still be eligible and will not be disqualified from applying for financial support.

3. If you normally live in your parents' home either during term or when not in school, please provide the following information about your family:

- a) What is the occupation of the chief wage earner in your family? _____
b) Relationship to you? _____
c) What is his/her anticipated annual income for this current year?
Gross _____ Net _____
d) Occupation of other wage-earner (if applicable) _____
e) Relationship to you _____
f) Anticipated annual income for this current year?
Gross _____ Net _____
g) Number of dependent children, including student _____
h) Ages _____
i) Number of dependent children in post-secondary institutions, including student _____

4. Are you married or living common law? Yes ____ No ____
If Married or Common-Law, what is the occupation of your spouse?

What is his/her anticipated annual income for this current year?
Gross _____ Net _____

5. Do you have dependents (Children or Other)? Yes ____ No ____
If yes, number of dependents _____
Age(s): _____
Reason for dependency (if over 18) _____
Are they residing with you? _____

6. Are you employed? Yes ____ No ____
If employed, full-time or part-time?
Full-time all year _____ Part-time all year _____
Fulltime summer only _____ Part-time summer only _____

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7. What is your anticipated annual income for this current year?

Gross _____ Net _____

8. What is the current value of your assets (held by you alone or in partnership)?

House: Value _____	Amount Owing _____
Date of Purchase _____	Monthly Payment _____
Vehicle: Value _____	Amount Owing _____
Date of Purchase _____	Monthly Payment _____
Investments: Value _____	Type (eg: RRSP, Trust Accounts, Stocks, Bonds)

Any additional Comments?

All information provided is confidential and will not be disclosed to any person who is not required to have it for the purpose of making decisions with respect to financial support for the specified activity. This application form will be destroyed following the conclusion of the activity for which funding is sought. No copies will be made or retained.

This Application Must Be Signed.

I HEREBY CERTIFY that the information contained in this application is complete and correct in all respects. I authorize the School of Business to access my academic transcripts and confirm other information contained in this application as necessary. I further authorize the School of Business, if necessary, to report my name, address, program and award status to the donor (s) of any financial support I may be granted, and to use my name in various public relations publications, presentations and announcements to promote School of Business awards. No financial information will be disclosed.

Signature: _____ Date: _____

The personal information requested on this form is collected under the authority of the Universities Act and Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act for the purpose of determining eligibility for the Alberta School of Business Financial Support for International Activities.

For further information contact Andras Marosi, Associate Dean, Undergraduate Programs, Alberta School of Business. 2-20 Business. ugradbus@ualberta.ca.

Have you attached your Statement in Support of Application? (see p. 2)