

Declaration and Consent

I _____ (Last, First) certify that the information and statements contained within this application are true, complete and accurate and understand that submitting false or misleading information shall constitute sufficient grounds for disqualification.

I understand that the decision to grant me an award is made by an Adjudication Committee made up of no less than 4 students at large. By virtue of this, it is necessary to share the applications, in their entirety, with the Adjudication Committee. I understand that my information will be kept secure and will only be made available to SFAIC staff, members of the Grant Allocation Committee and the Awards Adjudication Committee.

I also authorize the Administrator to conduct information verification checks on any information submitted in this application associated with the University and any non- University institution and/or department for consideration as part of my awards application assessment.

I also understand that the Administrator will, upon request, inform a staff member of University Bursaries and Emergency Funding and/or the Access Fund whether or not I received an award, and the amount of money I received. This exchange of information is to assist them in the administration of the Access Fund and Supplementary Bursary programs.

I also authorize the Administrator to contact the Registrar's Office to verify registration status and academic history to ensure that I am currently in satisfactory academic standing (i.e. have a minimum G.P.A. of 2.0) and/or eligible for certain Awards that have set specific G.P.A. requirements (i.e. Centenary Awards require a minimum G.P.A. of 3.5).

To facilitate this process, my University of Alberta Student Identification Number is: _____.

Financial Need Applications Only

If applying under the Financial Need classification, I authorize the Administrator to contact the following University of Alberta departments in order to verify both information contained in or pertinent to my application for financial need and my eligibility to receive such funding

under the Awards' guidelines:

- University Bursaries and Emergency Funding or other departments to verify receipt and/or repayment status of emergency funding.
- Financial Services to verify fee assessment balances owing the University.
- Any other University department, such as Housing and Food Services, with which I have incurred costs I want considered as part of my financial shortfall.

I also authorize the Administrator to verify my student loan information for the current academic year for the Province (Territory) of _____, by contacting the provincial aid office of the forenamed Province (Territory).

To facilitate the process, my SIN is _____ and my date of birth is _____ (mm/dd/yy).

I understand that if I am chosen to receive an award, my name and the Award I have won, will be made public knowledge and advertised through various mediums including The Gateway and other University related publications.

Any questions I might have regarding the use of this waiver and the collection, use or disposal of this information should be directed to: Manager, Student Financial Aid Information Centre, Student Financial Resources Centre, 1-80 SUB, University of Alberta (tel. (780) 492.3483, fax (780) 492.9607)

I hereby state that I have read and understood these conditions. I consent to the use and sharing of my personal information and award details, as described above.

Signature: _____ Date: _____, 2012