

**Capilano University Faculty Association
JOHN WILSON AWARD
for Dependants of Capilano University Faculty**

DESCRIPTION

Three times a year, the CFA offers partial-tuition reimbursement to encourage dependent children of faculty members to attend Capilano University. To be eligible, the applicant must be a dependant child of either a regular member or a non-regular member who is teaching at least two sections in the year of the application.

This award, originally called the CFA Award, was renamed in 2015 in honor of John Wilson who initiated the award and dedicated many years of service to the faculty members and students of Capilano University.

ELIGIBILITY REQUIREMENTS

1. Applicants must be dependant children of **regular** faculty or **non-regular faculty who are teaching at least two sections** during this academic year at Capilano University.
2. Part-time students are eligible for the award.

DEADLINE TO APPLY for FALL TERM: 4 p.m., Friday, October 13, 2017. Applications for FALL will be accepted ONLY from September 18 to October 13, 2017. (Incomplete applications will not be processed.)

SUBMIT THIS TWO-PAGE APPLICATION with current academic transcript and account summary for Fall 2017 to Capilano University Faculty Association, Room FR501e, Capilano University, 2055 Purcell Way, North Vancouver, BC, V7J 3H5.

STUDENT'S PERSONAL INFORMATION (Please print clearly in ink, or fill-in using keyboard, then print and sign.)	
Last Name	First Name
Student #	SIN #
Phone #	Email
Mailing Address	
Name of faculty-member parent	
Signature of faculty-member parent	
Signature of dependant (please sign here and on page 2)	
EDUCATIONAL INFORMATION	
Current Program: _____	
Educational Goals: _____	
Number of Courses Registered In _____ Total Number of Credits _____ Total Standard Tuition Paid \$ _____	
(REMEMBER TO ATTACH YOUR ACADEMIC TRANSCRIPT AND ACCOUNT SUMMARY FOR THIS TERM. SEE PAGE TWO.)	

**PLEASE ATTACH A COPY OF YOUR ACADEMIC TRANSCRIPT, as well as your
ACCOUNT SUMMARY FOR THIS TERM showing standard tuition payment.**

Access your Student Information on the Cap U website: https://ssb.capilanou.ca/prod/twbkwbis.P_WWWLogin .

To be filled in by CFA

Standard tuition paid \$ _____

Reimbursement \$ _____

Name of Student Applicant (please print)

Capilano University Faculty Association reserves the right to request verification of all information provided.

Declaration

I hereby declare that the information given on this application is true and complete, to the best of my knowledge. I authorize the Capilano University Faculty Association and the University to verify any or all of the above statements if deemed necessary.

I understand that:

1. My application will be reviewed by the Capilano University Faculty Association's selection committee or designate.
2. All information is subject to audit and verification. I will provide supporting documentation upon request for verification of eligibility.
3. If I have an outstanding debt to Capilano University, the University reserves the right to collect the amount owing from the award proceeds.
4. Any misrepresentation/falsification of information may result in the cancellation of my application or award. I may also be required to repay an award and/or be subject to University disciplinary action.
5. I give Capilano University my consent to disclose information on this form to other educational institutions and to StudentAid BC (Ministry of Advanced Education) and/or other government student loan agencies when necessary to verify information.
6. I will not accept reimbursement of any kind for courses that have been dropped or are incomplete, and I will inform the CFA of any dropped or incomplete courses which were previously shown in the attached account summary total.

Student's Signature: _____ Date: _____