

## Capilano University Faculty Association JOHN WILSON AWARD for Retired Capilano University Faculty, Summer 2017

### DESCRIPTION

The Capilano University Faculty Association (CFA) established this award to support retired faculty members in their quest for life-long learning by attending **Capilano's continuing studies programs**. The award is for partial reimbursement of standard fees only and does not apply to books, travel costs for field trips, excursions and tours, or for supplies required.

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.

### MINIMUM ELIGIBILITY REQUIREMENTS

1. Must be a retired regular faculty member of Capilano University (or Capilano College)
2. Must be enrolled in non-credit courses at Capilano University during the **Summer 2017** term

**DEADLINE TO APPLY for SUMMER TERM 2017 : 4 p.m. Monday, July 10, 2017.**

**Applications for SUMMER reimbursements will be accepted ONLY between June 19 and July 10, 2017.** (Incomplete applications will not be processed.)

### SUBMIT APPLICATION WITH RECEIPT TO THE CFA OFFICE AT

Capilano University **Faculty Association**, Room FR501e, Capilano University, 2055 Purcell Way, North Vancouver, BC, V7J 3H5.

<b>PERSONAL INFORMATION (Please print clearly in ink, or fill-in using keyboard, then print and sign.)</b>	
Last Name	First Name
University ID /Course #	SIN #
Phone #	Email
Mailing Address	
<input type="checkbox"/> <b>Attach a copy of your CONTINUING STUDIES receipt(s) for SUMMER 2017</b>	

### APPLICANT STATEMENT

I certify that the information provided on this application is true and complete to the best of my knowledge. If requested, I will provide supporting documentation for verification of information provided and of award eligibility. I authorize Capilano University to verify information collected on this application and I consent to the disclosure of information on this application to other educational institutions, government student loan agencies, and the BC Ministry of Advanced Education as required. I understand that any misrepresentation or false information provided may result in the cancellation of any application or scholarship/bursary/award that I may receive and that I may be subject to university disciplinary action. I understand that outstanding university debts will be deducted from any scholarship/bursary/award that I am granted. If I am awarded a scholarship/bursary/award, I consent to the disclosure of my information, relevant to the requirements of the scholarship/bursary/award, to the donor, applicable Capilano University departments, and/or media publications. In accordance with the Freedom of Information and Protection of Privacy Act (FOIPPA) personal information can only be used for the purpose for which it is collected; for a reason consented to by the individual; or in accordance with sections 33 to 36 of the Act.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>To be filled in by CFA:</b> Standard tuition/course fee paid \$ _____ Reimbursement \$ _____
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