



Tuition Assistance Bursary (TAB) Application Form

The Town of Hinton is committed to reducing financial barriers for community members to post-secondary education and training that serves to develop knowledge and skills relevant to their pursuit of professional development in existing careers and/or new vocational opportunities.

Please complete all sections within the following application form.

Section A: Student Information

Personal Details			
Family Name (Surname)			
Given Name(s)			
Date of Birth (YYYY-MM-DD)			
Email Address			
Personal Phone No.		Home Phone No.	
Physical Address (Current Location)			
Street Address			
City/Town		Province	
Postal Code		Country	
Mailing Address			
<input type="checkbox"/> Same as physical address			
Street Address			
City/Town		Province	
Postal Code		Country	

*****Attach proof of residence**, which would include, but is not limited to: a driver's licence, utility bill OR a copy of your lease agreement***

TAB funds tuition costs for any Post-Secondary Institution Partner education courses that results in or transfers to a locally or nationally recognized certification. Non-tuition associated and additional costs (including books, supplies, application fees, administrative fees, and technology fees etc.) are not eligible for funding and will be the student's responsibility.

Section B: Education Information

Funding Application Details	
Post Secondary Institution	
Name of Program	
Start Date (YYYY-MM-DD)	
Tuition Amount(s) Due	
Tuition Due Date (s) (YYYY-MM-DD)	
Are you applying for the entire tuition amount(s) listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'No': I am applying for partial funding in the amount of:	

*****Attach proof of program admission, course enrolment, and statement of tuition amounts including due dates for all semesters*****

Please explain your reasons for pursuing further education and your program choice:

In 300 words or less, what are your plans after you have completed your education?

Please explain how this funding assistance will impact your circumstances:

Section C: Terms and Conditions

By signing below, I agree to the following:

1. All the information provided on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide proof of the information that I have given on this form. I realize that if I do not provide proof when asked, financial assistance may be denied.
2. I agree to notify the Town of Hinton of any change in my situation such as name, address, or the receipt of other financial assistance.
3. I understand that if I discontinue my education, a portion or the entire financial assistance disbursed may need to be refunded.
4. I understand that all requested forms and documents must be on file before the Tuition Assistance Bursary can be disbursed.
5. The applicant agrees and grants permission for the collection, use, and disclosure of their information for research and data collection purposes related to this program. This information may be shared with academic institutions, nonprofit organizations, or other entities conducting research on the program's impact and effectiveness.
6. It is very important for our local government and administration, sponsors, and all others interested in the TAB program to understand its effectiveness for you and our community. For this reason, we have partnered with University of Alberta (UofA) researchers who may request your help in understanding and evaluating the TAB program. This could involve participating in an interview, focus group, and/or survey.

You will be provided with a gift card to thank you for any time you spend with the UofA research team. By checking the box below, you are consenting to have the UofA researchers contact you via email, text or phone call.

Yes No

Student Signature: _____ Date: _____

Please email completed form and supporting documents to
growth.services@draytonvalley.ca

Section D: For Office Use Only

Application Status	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
Funding Outcome	<input type="checkbox"/> Denied	<input type="checkbox"/> Granted Amount: \$
Notes		

Authorized Signature: _____ Date: _____

The personal information collected through the Regional Tuition Assistance Bursary Application Form is for the purpose of administering the affairs of the Town of Drayton Valley for our Tuition Assistance Bursary. This collection is authorized by section 4(c) of the *Protection of Privacy Act*. For questions about the collection of personal information, contact the Town of Drayton Valley at growth.services@draytonvalley.ca.