

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

The Town of Drayton Valley will consider funding post-secondary tuition for individuals after other funding options have been exhausted (including, but not limited to, federal, provincial, and local grants/bursaries). In the case where other funding options are available, the Town of Drayton Valley may consider paying the remainder of the tuition costs not covered by those other funding options, as per the following [policy](#).

OTHER FUNDING OPTIONS:

Will you be applying for student loans? YES NO

Please list all other funding opportunities you have applied for:

NAME OF FUNDING ORGANIZATION	NAME OF FUND/ SCHOLARSHIP/ BURSARY	AMOUNT APPLIED FOR	AMOUNT GRANTED

*PLEASE ATTACH PROOF OF FUNDING APPLICATIONS AND DECISIONS FROM ALL SOURCES

Please explain how this funding assistance will impact your circumstances:

SECTION C. APPLICATION CERTIFICATION

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 Drayton Valley 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, and I may owe this amount to the Town of Drayton Valley.
4. I understand that all requested forms and documents must be on file before the Town of Drayton Valley sends funds directly to the Post-Secondary Institute to assist with my tuition costs.

Student Signature: _____

Date: _____

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

SECTION D. FOR OFFICE USE ONLY

Application Status	Incomplete	Completed
Funding Outcome	Denied	Granted \$

Notes:

Authorized Signature: _____

Date: _____