



Saskatchewan Polytechnic Bursary Program 2018-19

SARC is pleased to administer bursaries to cover tuition costs for courses in the Disability Support Worker (DSW) Certificate Program through Saskatchewan Polytechnic.

Details:

- The bursary program covers tuition only. All other fees such as books or print materials are the responsibility of the individual.
- Individuals are able to for a bursary once per term, to a maximum of two per fiscal year.
- Bursaries cover the tuition fees for courses in the Disability Support Worker Certificate Program only.
- *By applying for a bursary and signing the application form, you acknowledge that if the learner does not complete the course for any reason, the agency will be required to pay the bursary amount back to SARC.*

Eligibility:

- To be eligible for a bursary you must be a resident of Saskatchewan for at least six months.
- You must be employed by a SARC Member Agency.
- Bursaries are granted on a first come, first served basis.

To Apply:

- Complete the SARC Bursary Program Application form (page 2 of this package).
- Complete the Saskatchewan Polytechnic Student Registration form (page 3 of this package).
- Send both of the above forms to Mindy Bonderoff, Facilitator of Training & Education at SARC at mbonderoff@sarcan.sk.ca, or by fax to 306-653-3932.
- You will be notified if you have been approved for a bursary.

Once you receive a bursary confirmation from SARC:

- Forward the bursary confirmation from SARC, and your Saskatchewan Polytechnic Student Registration form (do not forward payment), to:

Registration Services – Saskatchewan Polytechnic

Box 1520

Saskatoon, SK S7K 3R5

Phone: 933-5555

Fax: 933-7226

Do not pay for the tuition for this course. SaskPolytech will invoice SARC directly.



Application – SaskPolytech Bursary Program Courses in the DSW Certificate Program

Payment will be made directly to Saskatchewan Polytechnic if you are approved for a bursary. Please do not make payment directly to them.

Agency Information:

SARC Member Agency: _____

Phone Number: _____

Applicant Information:

Full Legal Name: _____

Date of Birth: _____

SaskPolytech Student Identification Number (if available): _____

Email Address: _____

I am applying for a bursary for the following course in the DSW Certificate Program
(one course per term): _____

Tuition: \$ _____ Start Date: _____

How did you hear about this bursary program? _____



Have you taken SARC's Basic Skills Training Program? If so, you may already have **up to three course credits** for the Disability Support Worker Certificate Program. Please contact Mindy Bonderoff, Facilitator of Training & Education at mbonderoff@sarc.sk.ca for more information.



saskpolytech.ca

APPLICATION FOR ADMISSION TO SASKATCHEWAN POLYTECHNIC PROGRAMS

\$75 FEE (APPLY ONLINE FOR \$50)

Please read carefully and complete all sections. Print clearly using ink. International students must complete the International Student Application for Admission. Applicants to the Saskatchewan Collaborative Bachelor of Science in Nursing program (SCBSn) must complete the SCBSn application for admission.

To authorize Sask Polytech to release information to a third party about your application you must complete and submit our consent form (saskpolytech.ca/admissions/resources/forms.aspx).

STUDENT IDENTIFICATION NUMBER

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Saskatchewan Polytechnic Student Number

If this is your first application or registration at Saskatchewan Polytechnic, a number will be assigned to you.

Are you currently attending Sask Polytech or have you previously attended Sask Polytech/SIAS? Yes No

PERSONAL INFORMATION

COMPLETE LEGAL NAME

| | |
|---|----------------|
| Surname (last name) | |
| First Name | Middle Name(s) |
| Former Name(s) (if applicable) | |
| Preferred Name (if different from First Name) | |

Saskatchewan Health Services Number (mandatory for programs that require immunization)

Social Insurance Number (SIN)*

*Providing your Social Insurance Number ensures you will receive your location benefits (if eligible).

PERMANENT ADDRESS

| | | |
|---|---------------------------------------|-------------|
| Apt. Number, Street, Box Number | | |
| City or Town | Province | Postal Code |
| Country | Telephone (Home) (Area code required) | |
| Telephone (Business) (Area code required) | Telephone (Cell) (Area code required) | |
| Email (Your personal email address is used only as needed. We communicate with you mainly through your mySaskPolytech account.) | | |

Male **OR** Female **OR** I prefer to identify as _____ (choose only one)

Date of Birth

| Day | Month | Year |
|-----|-------|------|
| | | |

CITIZENSHIP STATUS

Canadian Citizen
Province of Residence _____

Permanent Resident (Submit a notarized copy of your Record of Landing or Permanent Resident Card)
Country of Citizenship _____
Country of Birth _____
Province of Entry to Canada _____
Date of Entry

| Day | Month | Year |
|-----|-------|------|
| | | |

ALTERNATE/EMERGENCY CONTACT

This person will be contacted if we cannot reach you by way of your contact information, or in the case of an emergency.

| | | |
|---|---------------------------------------|-------------|
| Surname (last name) | | |
| First Name | Relationship | |
| Apt. Number, Street, Box Number | | |
| City or Town | Province | Postal Code |
| Country | Telephone (Home) (Area code required) | |
| Telephone (Business) (Area code required) | Telephone (Cell) (Area code required) | |

PROGRAM INFORMATION

You must complete a separate application form for each program and location to which you are applying. You are applying to the next available start date of the program. You may submit your application to any of the four Saskatchewan Polytechnic campuses.

| | | | |
|-----------------------------------|--|--------------------------------|---------------------------------|
| Location (please check only one): | <input type="radio"/> Online or Evening or Distance (check saskpolytech.ca for availability) | | |
| <input type="radio"/> Moose Jaw | <input type="radio"/> Prince Albert | <input type="radio"/> Regina | <input type="radio"/> Saskatoon |
| Program Name | <input type="radio"/> 1st Year | <input type="radio"/> 2nd Year | |

FOR OFFICE USE ONLY Date Payment Received: _____ Processed by: _____ Receipt #: _____