



Saskatchewan Polytechnic Faculty Association Award Application

Saskatchewan Polytechnic Faculty Association
Prince Albert
Moose Jaw
Regina
Saskatoon

Deadline: July 31, 2019

PERSONAL INFORMATION – MUST PROVIDE ALL INFORMATION Please Print		
First and Middle Name:	Last Name:	SIN (needed for payment):
Mailing Address:	City/Province:	Postal Code:
Phone:	Email Address:	
Name of Sask Polytech Faculty Member :	Post-Secondary Institution Attending:	
_____	_____	

Be enrolled full-time in a program 20 weeks or more in length, at any accredited post-secondary institution in Canada other than Saskatchewan Polytechnic. Be the dependent of a Saskatchewan Polytechnic Faculty Association (SPFA) member, as defined in the Extended Health plan: Dependents eligible are either your spouse or common-law spouse and each unmarried child, step-child or common-law child who is under 22 years of age or under 25 years of age if attending an accredited educational institute, college or university on a full-time basis. A dependent who resides outside of Canada and the United States of America is not eligible. Previous recipient of an SPFA award are ineligible.

STUDENT DECLARATION – MUST BE SIGNED

Condition of Acceptance

Recipients will be required to give permission to Sask Polytech to provide their contact information to The Donor of the award. This personal information is being collected under the authority of The Saskatchewan Polytechnic Act, 2014 and is protected by The Local Authority Freedom of Information and Protection of Privacy Act. It will be used for the purposes of award selection and administration and will be shared with selection committee members. This personal information may also be used for administrative and statistical purposes by Sask Polytech and/or provincial or federal government ministries and agencies. If selected, recipients' names, program of study may be disclosed to the donor of the award, and published in Sask Polytech's awards programs, and/or used in other media outlets or Sask Polytech publications. If you have any questions or concerns about the collection or disclosure of this personal information, contact Sask Polytech Donor and Alumni Relations Office (306) 659-3733.

I have read and agree to the Conditions of Acceptance and declare that the information I have given is true and that I have answered all questions applicable to me. If at any time I no longer meet award criteria, due to withdrawal or other reasons, payment will be withheld. I understand that the values and availability of awards, policies and procedures regarding that administration of awards may change at the Donor's or Sask Polytech's discretion.

Signature: _____

Date: _____

Please submit this application to:

Amanda Robinson
Room 1136, Regina Campus
Saskatchewan Polytechnic
Regina, SK S4P 3A3

Amanda.robinson@saskpolytech.ca (306)775-7716