

**STUDENT AWARD WINNER
PERMISSION & DECLARATION FORM**

*Student personal information is collected under the authority of the Freedom of Information and Protection of Privacy Act, the Taxation Act (Canada) and the Statistics Act (Canada) to determine your eligibility for scholarships and awards. Please direct any questions about the use of this information to the Grants & Scholarships Officer at EducationMatters, 515 Macleod Trail S.E, Calgary, Alberta, Canada T2G 2L9. Telephone: (403) 294-8151. **** We reserve the right to publish student essays in full or in part. If you do not want your essay to be published, please check here . Recognition may take place at public award ceremonies or be displayed publicly in one or more ways including but not limited to newspaper, school newsletter, yearbook, and website, for the purpose of recognizing student accomplishment(s). If you do not wish your name published, please check here .***

By signing this application, I declare:

1. That all personal information I have provided on my awards application (name, address) is true and complete.
2. That in applying for an award, pertinent information may be released to the donor of the award, provincial funding bodies, faculty offices, appropriate EducationMatters and Calgary Board of Education / Calgary Catholic School District administrative offices.
3. That if I receive a scholarship/award the amount may be disclosed to the CBE or CSSD Financial Services Office along with name and school attended.
4. That I understand the information provided on this application may be used for research and statistical analysis.
5. That if any information is inaccurate, I understand that any awards may be reassessed and/or withdrawn.
6. That if I receive an award, I will acknowledge the private donor(s) of the award with a personal letter of thanks.

Name of **Applicant** (Printed):

CBE / CSSD ID Number:

Signature

Date

I hereby grant such consent as may be required by applicable privacy laws to the disclosure of my personal information for the purposes of assessing my child's/dependant's eligibility.

Name of **Parent(s)/Guardian(s)** - (Printed):

Signature

Date

If the parent/legal guardian's signature is not required, the student must provide proof that he/she has independent status.