



KRAMER LTD. - CATERPILLAR FOUNDATION GRADUATE AWARDS APPLICATION

DEADLINE: June 30, 2010

- Heavy Duty Equipment Mechanic - Level 1 - 1 X \$ 500**
- Heavy Duty Equipment Mechanic - Level 2 - 1 X \$ 500**
- Heavy Duty Equipment Mechanic - Level 3 - 1 X \$ 500**

Eligibility Criteria:

- Enrolled full time in the Heavy Duty Equipment Mechanic Apprenticeship program Level 1, 2 or 4 at SIAST Kelsey Campus.

Selection Criteria:

- Academic Achievement based on final marks in the Apprenticeship Level most recently completed (75% weighting);
- Financial need (25% weighting).

PERSONAL INFORMATION – MUST PROVIDE ALL INFORMATION		
Last Name	First Name	SIAS ID Number
Mailing Address	City/Province	Postal Code
Phone: Cell:	Email:	

TRANSCRIPT Attach a photocopy of your transcript or an unofficial transcript from your mySIAS account.

Or if still in course Average: _____ % Signature of Instructor: _____

FINANCIAL INFORMATION - as of Application Date

INCOME				
Monthly Income including:				
1	Employment - while attending school			
2	Contribution from parents			
3	Spouse's monthly income			
4	Other sources of income - see Appendix for information			
5	Targeted income - see Appendix for information			
	Total of income per month - add lines 1 - 5			
	Number of months in the school year X			
6	Sub-total of income in this school year		⇒	
Other Income:				
7	Indian Band Funding - Total for school year			
8	Student Loan - Total amount for which you were approved			
9	Savings - see Appendix for more information			
10	Scholarships, Bursaries, Awards, and Grants confirmed			
11	Total of other income - add lines 7 - 10		⇒	
12	TOTAL OF ALL INCOME - Add lines 6 and 11		⇒	
<i>This amount cannot equal "0"</i>				
EXPENSE				
Monthly Living Allowance - Select one only				
13	Single student living at home - \$435			
14	Single student living away from home - \$970			
15	Single parent with child(ren) - \$1,282			
16	Married student and spouse - \$1,887			
17	Sub-total Monthly Living Allowance		⇒	
Monthly Living Allowance for Dependents				
18	Allowance per child - \$464	\$464		
19	Number of dependents X			
20	Sub-total of Monthly Allowance for Dependents		⇒	
<i>If you have infirm dependents please contact the scholarships office at your campus.</i>				
CHILD CARE - for children 11 and under				
Claim EITHER line 23 OR line 24				
21	Subsidized Child Care - \$85	\$85		
22	Number of dependents in subsidized Child Care X			
23	Sub-total of monthly subsidized Child Care Expense		⇒	
OR				
24	Non-subsidized Child Care - \$400 for the first child and \$140 for each additional child		⇒	
25	Sub-total of all monthly expenses - add lines 17, 20, 23, and 24			
26	Number of months in the school year X			
27	Total of Monthly Expenses - line 25 x 26		⇒	
Tuition, Books, and Supplies				
28	Tuition - please use actual amount			
29	Books and supplies - \$3,000 maximum			
30	Sub-total of tuition, books, & supplies - lines 28 - 29		⇒	
31	Total expenses for the school year - add lines 27 and 30		⇒	
32	FINANCIAL NEED - Line 12 subtract Line 31			
				<i>If Line 12 is more than Line 31, put "0"</i>

If there are exceptional circumstances which you would like considered, please note them on the reverse of this page.

Conditions of Acceptance

Recipients will be required to give permission to SIAST to provide their contact information to the donor of the award. This personal information is being collected under the authority of The SIAST Act, 1996, 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 SIAST 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 SIAST's awards programs, and/or used in other media outlets or SIAST publications. If you have any questions or concerns about the collection or disclosure of this personal information, contact SIAST Admin Office (306) 659-3733.

- I have read and agree to the Conditions of Acceptance.
- I 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 SIAST's discretion.

Signature: _____ Date: _____

SUBMIT TO:

SIAST Wascana Campus
Donor and Alumni Relations
PO Box 556
Regina, SK
S4P 3A3

Fax: (306) 798-8113

or your campus Donor and Alumni Relations Office