

GRAUDATE ASSISTANCE PROGRAM (GAP) - APPLICATION FORM



To print out and complete this form, please first download a PDF copy of the form. Once downloaded, open the form using a PDF viewer such as Adobe Acrobat. Go through the form and fill out all the required information, then save a copy of the PDF somewhere easily accessible. Print the completed form and attach all required documents before submitting to HR Services.

1. Applicant Details	
Last Name:	First Name:
Employment Status: <input type="checkbox"/> Full-time	Employment Type: <input type="checkbox"/> Admin <input type="checkbox"/> Academic <input type="checkbox"/> Support
Position:	Department:
Division:	Campus:
E-mail:	Phone: ext.
Current Highest Level of Education:	Mobile:
2. Program Information	
Institution:	
Institution Address:	
Program Name:	
Type of Credential: <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree <input type="checkbox"/> Other, specify _____	
Program Duration:	<input type="checkbox"/> Institution is an Accredited Post-Secondary Institution
Registration Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Program Enrolment: <input type="checkbox"/> Fall/Winter <input type="checkbox"/> Spring/Summer <input type="checkbox"/> May Session
Have you previously applied for any scholarship programs funded by Humber? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you previously been awarded a scholarship funded by Humber? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, in what year? _____	If yes, what was the total amount of funds received? \$ _____
3. Supervisor/Manager Attestation	
<input type="checkbox"/> I confirm that this employee has an outstanding performance record <input type="checkbox"/> Builds on competencies (core, technical, and leadership/business) required to effectively perform in the employee's current role <input type="checkbox"/> Supports the employee's development plan within their current role <input type="checkbox"/> Employee has been employed with Humber College since _____ (MM/DD/YY)	<input type="checkbox"/> Builds competencies and needs aligned to Humber's Strategic Plan <input type="checkbox"/> Advances talent strategies and programs such as succession by building competencies in readiness for potential succession turns <input type="checkbox"/> Satisfies agreed development or competency requirements as laid out under a Collective Agreement Manager Signature
4. Fee Breakdown	
Estimated Cost of Program \$ <input style="width: 150px;" type="text"/>	Commencement Date <input style="width: 150px;" type="text"/> (MM/DD/YY)
	Estimated End Date <input style="width: 150px;" type="text"/> (MM/DD/YY)

5. Personal Essay

Describe how this program/course of study will make a positive difference in your life and contribute to Humber as a whole.

6. Required Documents

The following items must be attached to this application in order for the application to qualify to be reviewed by the Scholarship Committee. Your application will be returned to you if these items are not attached to this application (no exceptions).

Yes No

2 reference forms - emailed to oe@humber.ca by each referee (one of which must be your direct supervisor/ manager)

Yes No

Proof of University/College acceptance or provisional acceptance

By signing the below, I agree that the information above is accurate. I understand that my application is not complete until all information is provided. I also understand that this application is not an acknowledgement of a Scholarship award, until I receive official notice from the Organizational Effectiveness department that a Scholarship has been awarded.

Signature

Date (MM/DD/YY)

7. Application Receipt and Approval

Supporting Documents Provided:

2 References (emailed to oe@humber.ca by referee)

Proof of College/University Acceptance

Full Complete Application

Employee is approved for Scholarship as follows:

Total Award \$ _____

Award Commences _____

and Ends _____

Director OE Signature

Processed Date (MM/DD/YY)

8. Committee Approval

Scholarship granted for period: _____ to _____
(MM/DD/YY) (MM/DD/YY)

Scholarship awarded to the value of _____ disbursed upon submission of all required documentation as follows: _____ per year maximum.

Chair of Scholarship Committee Signature

Date (MM/DD/YY)