



Post Secondary Institution Student Bursary

David Sale FCPA FCGA Award

Purpose

The CPAEF Education Foundation has established a bursary award to honour Mr. David Sale FCPA FCGA, a former board chair of the legacy CGA-BC Association and co-chair of the CPABC Joint Venture, in memory of his tremendous contribution to academia and the accounting profession.

The David Sale FCPA FCGA Bursary assists accounting students attending a BC post-secondary institution who have demonstrated financial need with bursaries of up to \$3,000 per annum.

Procedures

This form should be completed and submitted with a **recent transcript of marks**, a **copy of your most recent tax return assessment** and a **covering letter** to the CPA Education Foundation of BC, Attention: David Chiang, CPA, CA, Vice-President, Member Advice & Programs, 800-555 West Hastings Street, Vancouver, BC V6B 4N6.

The covering letter should explain your reason for requesting financial assistance, including any extenuating short- or long-term circumstances, and your career goals.

The CPAEF will review all the applications received and award monies to those applicant(s) who appear to be most in need and deserving.

Personal Information

Last Name:	First Name:	Student No	
Social Insurance Number	E-mail		
Home Telephone	Business Telephone		
Mailing Address			
City	Province	Postal Code	
What year of your program are you in?			
ls it your intent to enter the accounting professi	ion?	_	
Please attach a letter of reference from an account Describe your work or community history.			



Student Bursary application continued

Income Information

1) Revenue

Please provide the following amounts for this calendar year and the last calendar year. For the current calendar year, please estimate these amounts using your best judgment. This information should be provided for you personally, as well as on an aggregate basis for all members of your household (if common law or married).

		ndividual	House	
		ar Prior Year		
Gross earnings (wages) from employment	\$	\$	\$	\$
Child support/alimony	\$	\$	\$	\$
ncome Assistance (welfare) and/or income from the Disability Benefits Program	\$	\$	\$	\$
Employment Insurance benefits	\$	\$	\$	\$
Norkers' Compensation Board benefits	\$	\$	\$	\$
Pension income	\$	\$	\$	\$
Child Care Subsidy from government sources or other agencies	\$	\$	\$	\$
Bursaries (include any bursaries received)	\$	_\$	\$	\$
Scholarships or merit-based awards	\$	\$	\$	\$
All contributions from family members (including parents)	\$	\$	\$	\$
All other sources of income, including monetary gifts	\$	\$	\$	\$
Please specify:				
Ouring your study period, do you also have a full-time job?	□ Yes □	No		
Ooes your employer support your studies financially?	□Yes □	No		
f yes, indicate the amount of reimbursement or expenses hat are paid by your employer.				
	\$			

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Student Bursary application continued

Income Information continued

2) Expenses

	Individual		Household		
	Current Year	Prior Year	Curren	t Year Prior Year	
Rent	\$	\$	\$	\$	
Mortgage payments	\$	\$	\$	\$	
Car payments	\$	\$	\$	\$	
Total child care costs for your child(ren) age 18 and under	\$	\$	\$	\$	
Child support/alimony you pay	\$	\$	\$	\$	
While you are in school, will you be living with your parent(s)/step-parent/sponsor/legal guardian or living in					
a home owned or rented by them?	☐ Yes	□ No			
Other expenses (please describe):					
3) Asset information					
		Individual	Household		
What is the net worth of all your term deposits, GICs,					
mutual funds, stocks, bonds, etc.?	\$		\$		
What is the net worth of your RRSP/TFSA?	\$	\$		_ \$	
What is the net worth of any car/truck/motorcycle/other motor vehicle?		\$		_ \$	
What is the net worth of other assets (such as any real estat	e)? \$	\$		_ \$	
Other assets (please describe):					

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Student Bursary application continued

Dependants		
Do you have any dependants?	□ Yes □ No	
List dependants below:		
Name	Relationship	Age (if over 18, explain why they are dependent on you)
Personal Goals		
Outline your educational goals and describe	your anticipated timetable to complet	e the program.
Explain your career goals upon completion of	your program.	
I hereby certify that the information given on this not provide complete, accurate information or if financial assistance now or in the future. I unders I will be required to repay all or part of the money	I obtain or attempt to access financial as stand that if I receive money and then it is	sistance by fraudulent means, I will be denied
Signature of Applicant	 Date	