

Applicant #:  
(Administrative use)



## COLUMBIA AWARDS Re-Application Form

1200 – 1166 Alberni St. Vancouver, BC V6E 3Z3  
Tel: (604) 408-2500 Fax: (604) 408-2525  
Email: awards@columbiainstitute.ca

### Re-Application Deadline: August 1st

#### **\*\*Administration Notes\*\***

1. Complete the following if you would like to re-apply to the Columbia Institute for funding to continue your academic / training program.
2. **Include a transcript of your grades from the course(s) you attended.**
3. If you did not complete your course(s), please include any relevant information pertaining to your withdrawal.

Full name: \_\_\_\_\_ Student ID No: \_\_\_\_\_

Campus Address: \_\_\_\_\_

City : \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Permanent (Home) Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### QUESTIONS

Did you complete your course(s) at your selected institution? (circle) YES NO  
If not, please explain (see administration note #3)

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Are you planning on returning for additional studies? (circle) YES NO  
If so, list the course or courses you are planning on taking.

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Please fill out and return to the Columbia Institute by August 1<sup>st</sup>.  
Attn: Awards by mail to 1200 – 1166 Alberni St., Vancouver, BC V6E 3Z3 or by fax at (604) 408-2525

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What has been your greatest accomplishment since going back to school?

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What has been your biggest challenge since going back to school?

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Please re-state your future career goals.

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Overall, what was your back-to-school experience like?

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How has your Columbia Award helped you?

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Would you allow the Columbia Institute to use information about your back to school experience or how the Columbia Institute Award has helped you in marketing materials? (circle) YES NO  
Please include any restrictions to your permission.

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_