

MY STORY GRANT APPLICATION

Please fill out the application below with a short 300 word essay. Once the application is complete, please submit with an Educational Advisor at any Brighton College campus.

Applicant Name:		Anticipated Start Date:		
Mail Address:		l L		
Email:		Telephone:		
Diploma Program of Interest:	 □ Architectural Design & Building Technician □ AutoCAD Drafting & Design Specialist □ Business Administration □ Business Management □ Advanced Business Management □ Civil Infrastructure Design □ Computerized Accounting & Office □ Construction & Drafting Technician 	 □ Health Care Assistant* (\$500) □ Hospitality Management □ Hospitality Management w/ Co-op □ International Trade & Freight Forwarding □ International Trade □ Network Administration Specialist □ Structural & Building Technology 		
REQUEST INFORMATION (Please check yes or no for the following option): Do you anticipate receiving financial aid and/or other funding for this program? □ YES □ NO				
Do you anticipate receiving financial aid and/or other funding for this program? YES NO If YES, expected amount: Source of funding:				
Submitting this form does not guarantee a grant. All grant awards are at the sole discretion of Brighton College. Grant Terms and Conditions: 1. Grant is eligible only for full-time diploma program enrollments that are covered in this document. 2. Students must enroll from February 1, 2015 to February 28, 2015 to be eligible for a grant. 3. Grant is applied to money owed to Brighton College and will be deducted from any money owed to me in the event of withdrawal or dismissal from Brighton College. 4. Grant applicants must complete this form to become eligible for the grant. 5. This Grant cannot be combined with any other special offers. 6. Health Care Assistant (HCA) Diploma applicants please note that a \$500 grant is applicable to this program.*				
SHARE YOUR STORY: *In 300 words, please tell us your story and why you want to attend Brighton College. You may use the space below, or write on a separate piece of paper and attach it to your application.				

Signature of Applicant		Date Signed
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	OFFICE USE ONLY	
	OFFICE USE CIVET	
Educational Advisor (print name):		
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Approved by Director:		
Approved by Director:		
Approved by Director: Name/Signature/Date		
Name/Signature/Date		
Approved by Director: Name/Signature/Date Approved Amount:		