

STATUS REPORT

Northern Alberta Development Council Bursary Program

The personal information that you provide on this form will be used to confirm that you have met the conditions of your return service contract. It is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* and is protected by the privacy provisions of the Act. If you have any questions about this collection, please see the contact information at the bottom of this form.

Address Update: To be completed by	the Bursary Recipient - Indicate your Future	Permanent Address
Name:	Alberta Student Number:	
Address:		
Community:	Postal Code:	
Area Code & Phone No.:	E-Mail Address:	
Surrent status: To be completed by th	e Bursary Recipient - Check all that apply	
I have obtained permanent employment studies. (Complete the "Employment	ent and residence within the NADC boundary in a field at Information" section below)	related to my program of
I have obtained temporary employment (Complete the "Employment Information of the Complete	ent within the NADC boundary in a field related to my p tion" section below)	program of studies.
☐ I expect to obtain employment within	the NADC boundary in the next few months.	
☐ I will be returning to school, and wish	to apply for an educational deferral.	
Institution:	Program:	
Program Completion Date: I have attached confirmation of my each	nrolment from the institution I am attending.	
I wish to apply for a deferral of my re I have attached a letter of request ex		
I have obtained employment outside I wish to discuss repayment of my No	the NADC boundary. orthern Alberta Development Council Bursary.	
nformation Release Authorization: 7	o be completed by the Bursary Recipient	(even if you are not currently employed,
my current or previous employers, and for r	il (NADC) Bursary Recipient, I grant permission to the I my employer to release employment information to the equired under the conditions of my bursary contract.	
Bursary Recipient's Signature: in ink X	Date:	
mployment Information: To be comp	oleted by the Employer	
Employee's Position Title:	Commencement Date:	
Identify Part Time (.5; .8; # of hours; etc.) or Full	Fime:Termination Date (if applicable):	
Employer's Name:	Location of Employment	
Address:		
	Email:	
Supervisor's Printed Name and Title:		
Supervisor's Signature: X		
Return to: Bursary Coordinator	Phone: (780) 624-6545	

(toll free first dial 310-0000)

(780) 624-6184

E-mail: nadc.bursary@gov.ab.ca

VISIT OUR WEBSITE! http://www.nadc.ca

Northern Alberta Development Council

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