

Military Spouse Transportation Transitional Allowance Program

Applicant Information (please print):	
Name:	Student #:
Street Address:	
City/Town of Residence:	Postal Code:
Phone Number(s):	
Email:	

The program I will be attending at Algonquin College Pembroke Campus is:

Start date of program I will be enrolled in at Pembroke Campus: _____

The reason why I am requesting support through the Military Spouse Transportation Transitional Allowance Program is: <i>(check all that apply)</i>	
<input type="checkbox"/>	I do not have access to a vehicle to drive to Algonquin College
<input type="checkbox"/>	I do not have a driver's license
<input type="checkbox"/>	My vehicle is currently unreliable
<input type="checkbox"/>	I cannot afford to pay taxi fares or car-pooling costs to attend Algonquin College

I confirm that my partner/spouse is a member of the Canadian Forces.

YES _____ *(please initial)*

I understand that the funds that are provided through the program are intended to be transitional and that a maximum of \$300 can be provided to a single student.

YES _____ *(please initial)*

I understand that if I have provided information on this form that is untrue, I may be required to pay back any funds that were granted to me in good faith by Algonquin College.

YES _____ *(please initial)*

Signature of Applicant

Date