

## **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	9:	Alberta Student Number:	
Addre	255:		
Community:		Postal Code:	
Area Code & Phone No.:		E-Mail Address:	
Current	status: To be completed by the Bursa	ry Recipient - Check all that apply	
	I have obtained permanent employment and residence within the NADC boundary in a field related to my program studies. (Complete the "Employment Information" section below)		
		ve obtained temporary employment within the NADC boundary in a field related to my program of studies. Inplete the "Employment Information" section below) Dect to obtain employment within the NADC boundary in the next few months. De returning to school, and wish to apply for an educational deferral.	
	I expect to obtain employment within the NAD		
	I will be returning to school, and wish to apply		
	Institution:	Program:	
	Program Completion Date:	from the institution I am attending.	
	I have obtained employment outside the NADO I wish to discuss repayment of my Northern Al	berta Development Council Bursary.	
Informa	tion Release Authorization: To be co		you are not y employed)
my c		Bursary Recipient, I grant permission to the NADC to cor yer to release employment information to the NADC, for the oder the conditions of my bursary contract.	
Bursary Recipient's Signature: in ink X		Date:	
Employ	ment Information: To be completed by	y the Employer	
Empl	oyee's Position Title:	Commencement Date:	
Identify Part Time (.5; .8; # of hours; etc.) or Full Time:		Termination Date (if applicable):	
Company/Employer's Name:		Location of Employment	
Addre	ess:		
Phon	e Number:	Email:	
Supe	rvisor's Printed Name and Title:		
Supe	rvisor's Signature: X	Date:	
<u>Return t</u>	<ul> <li>Bursary Coordinator Northern Alberta Development Council P.O. Bag 900 – 14</li> </ul>	Phone: (780) 624-6545 (toll free first dial 310-0000)	
	Peace River, AB T8S 1T4	E-mail: nadc.bursary@gov.ab.ca	
Classificati	on: Protected A VISIT OUR WE	EBSITE! http://www.nadc.ca	REV: 05/2021