



ALBERTA-SASKATCHEWAN COTTEY COLLEGE



PROSPECTIVE PARENT OR GUARDIAN TRAVEL FORM

*Please make sure this document is submitted ***prior*** to your travel to campus to be eligible for reimbursement.

Name: _____ Phone: _____

Address: _____

City: _____ Postal Code: _____

Name of perspective student you are travelling with: _____ Student's Age: _____

Is the prospective Cottey student travelling to campus with you? Yes No

What is your relationship with the perspective Cottey student? _____

The maximum allotment eligible for reimbursement is \$1000.00 Canadian.

Requested amount for reimbursement: _____

How did you hear about the ASCCF Travel Fund? _____

Applicant's Signature: _____ Date: _____

SEND COMPLETED FORM TO THE ASCCF CHAIRMAN LISTED BELOW

Name: _____

Address: _____

*Please submit proof of ticket payment, upon return from your trip.
You will be reimbursed **AFTER** completing your travel*