# CLAIMING AN FRIENDS & ALUMNI AWARD

AWARD SPECIFICATIONS: All claims must meet the below eligibility requirements or they will be forfeited.

- Claim within 18 months (Your deadline to claim is December 30, 2026) For extenuating circumstances, deferral requests made before the deadline will be considered.
- Awards must be used towards post-secondary education at an approved "designated" school. See <a href="https://studentaidbc.ca/apply/designated">https://studentaidbc.ca/apply/designated</a>. (Exceptions: the award's application form has otherwise specified, or is the award is the Abundance Canada Award).
- Full-time attendance is required (usually at least 3 full credit classes or more in one semester). (Exception: Abundance Canada Award).
- Ongoing eligibility for multiple-year awards
  - Once activated, must be used in consecutive years.
  - Your transcript from the previous post-secondary year must confirm your GPA of 3.0 or higher.

## INSTRUCTIONS

1. By the June 17, 2025

Create a "Thank You" letter (addressed to the donor of your award). Submit your letter as a .pdf attachment via email to jpool@meischools.com to be forwarded to the donor.

## 2. Between September 1, 2025 - December 30, 2026

Email the following to the MEI Advancement Office - awards@meischools.com

- □ This document (digitally fillable PDF at meischools.com > Resources > MEI Friends & Alumni Awards)
- □ An electronic Post-Secondary Institution Enrollment Verification letter, confirming full-time enrollment in a "designated" post-secondary institution.

Name:	First	Middle		Last	
				Lasi	
Parent / Guardia	an Name:	First		Last	
Local Address:	Street		0.4	Breaking	
			City	Province	PC
Contact Info:	Email		Phone	,	
Year of MEI Gra	duation:				
Name of MEI F&	A Award:			Value: \$	
PSI Program En	rolled In:				
PSI Enrolled In:					
PSI Student ID:					
Career Plans:					
Class of 2025		- June 2025 -			Page 1 of 3

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### 3. Renewable Claims / Multiple-Year Awards

#### Mary Esau Memorial Award – renewable annually up to 4 years

Please complete and submit the following annually via email to awards@meischools.com

- □ An electronic PSI Enrollment Verification type letter confirming full-time enrollment in an approved post-secondary institution Nursing (preferred) or Education program.
- □ Your transcript from the previous post-secondary year, showing proof of a 3.0+ GPA.

#### 4. **DISBURSEMENT OF FUNDS:** Please choose

- DIRECT DEPOSIT (EFT) to my bank account. This is the fastest process and will take 1-3 weeks.
  Complete the EFT FORM on last page of this document
- MAIL a cheque (issued in my name) to the address specified on this form. Please allow 3-4 weeks for processing by our Finance office. (Do NOT complete EFT form on last page)
- □ HOLD a cheque (issued in my name) for me to pick up at the MEI Secondary Office.

We will email the address specified on this form when your cheque is ready. Please allow 2-3 weeks for processing by our Finance office. (Do NOT complete EFT form on last page)

Optional: This person will pick up the cheque on my behalf:

If no method of disbursement is selected, by default we will issue a cheque in your name, which will be mailed to the address you have specified on this form.

#### FURTHER INQUIRIES / CONTACT

Denise Engler MEI Alumni Coordinator E: awards@meischools.com P: 604-859-3700 ext. 327



**MEI Schools** Administration & **Finance Office** 

4081 Clearbrook Rd Abbotsford, BC V4X 2M8

**DIRECT DEPOSIT ENROLLMENT** 

604 859 3700

F 604 859 9206 Е

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finance@meischools.com

1.	. Customer Information									
	Name									
	Address									
	Telephone			Email						
					*payment notification wi	vill only be	e sent by email			
2.	Action Requested									
			Initiate direct deposit							
	l		Change bank account	Effective date of change						
			Terminate direct deposit	Effective d	ate of change	_				
3.	. Bank Account Information (Attach "VOID" cheque or have your bank representative complete this section)									
	Account Number			(Max 12 d	ligits)					
	Branch Number		(5 digits)	Institu	tion Number		(3 digits)			
	Financial Institution	n Name								
	Branch Location									
4.	Direct Deposit Auth	horizatior	n							

I understand that I am responsible for ensuring information provided is current. I will not hold MEI Schools responsible for lost or delayed payments where changes to the banking information are made and not communicated to MEI Schools in a timely manner.

The information contained on this form is collected and will be used for direct deposit of payments into a customer's chosen bank account. I hereby authorize MEI Schools to deposit payments directly into the bank account provided above until further notice is provided in writing.

**Customer Signature** 

**Customer Printed Name** 

Date