



Bursary Application

STUDENT INFORMATION (Please print)

Last Name First Name Middle Name

Student # Email

Local address

Bursary applying for

Full Time Part Time BA Bed BSW If BA: 1st 2nd 3th 4th If BA, Major

IF YOU ARE DEPENDENT ON (OR LIVING WITH) YOUR PARENT(S), COMPLETE THE FOLLOWING SECTION

Father's Name Occupation Status Full Time Part Time

Address

Mother's Name Occupation Status Full Time Part Time

Address

Parents' Combined Income (\$) Ages of Non-Working Siblings Who Are 19 or Younger

IF YOU ARE MARRIED/COMMON-LAW, COMPLETE THE FOLLOWING SECTION

Spouse's/Partner's Name Spouse's/Partner's Income

Occupation Status Full Time Part Time

Address

IF YOU HAVE DEPENDENTS (CHILDREN), COMPLETE THE FOLLOWING SECTION

First & Last Names Relationship to Applicant Age

STATEMENT OF FINANCIAL NEED

Financial need will be determined from the budget below. If you have a Canada Student Loan Assessment, please submit a copy along with this form.

ESTIMATED RESOURCES

Based on 8-month academic year	Amount per year
PERSONAL CONTRIBUTIONS	
Income from summer employment/savings	
Income from part-time employment during academic year	
Student loan (expected)	
Credit card/bank loan/student line of credit	
Bursaries, grants, scholarships, fellowships, awards from other agencies, etc. Please specify:	
Stocks, bonds, RESP, other investments	
Employment insurance benefits while studying	
Other income (please specify)	
OTHER CONTRIBUTIONS	
Contribution from parent(s)	
Contributions from spouse/partner	
TOTAL RESOURCES PER ACADEMIC YEAR	\$

ESTIMATED EXPENSES

Based on 8-month academic year	Amount per year
PERSONAL CONTRIBUTIONS	
Tuition and fees	
Books and supplies	
Room/apartment/residence fees	
Roommates <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical Expenses	
Transportation (local)	
Heat	
Lights	
Food/meal plan	
Child care	
Telephone/Internet	
Credit card/interest payments	
Other (itemize)	
TOTAL EXPENSES PER ACADEMIC YEAR	\$

PROVIDE INFORMATION ON ANY SPECIAL CIRCUMSTANCES THAT YOU FEEL SHOULD BE CONSIDERED IN YOUR CASE THAT ARE NOT ACCURATELY REFLECTED IN THE ABOVE STATEMENT OF FINANCIAL NEED:

I hereby declare that I have provided all the information that is applicable to me, and that the information provided by me is true.

Signature of Applicant

Date