



Returning Student Bursary Application Form

(Please complete in full)

Last Name

First Name

Middle Name

Income

Email

Local Address

Bursary for which you are applying

Full-Time

Part-Time

BA

BEd

BSW

If BA, what year?

1

2

3

4

If BA, what major?

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

Father's Name

Father's Occupation

Full-Time

Part-Time

Address

Mother's Name

Mother's Occupation

Full-Time

Part-Time

Address

IF YOU ARE MARRIED/Common Law, PLEASE COMPLETE THIS SECTION

<input type="text"/>	<input type="text"/>
Spouse's/Partner's Name	Spouse's/Partner's Incoming
<input type="text"/>	Full-Time Part-Time
Spouse's/Partner's Occupation	
<input type="text"/>	
Address	

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

First and Last Names	Relationship to Applicant	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Personal Contributions

Income from summer employment/savings	<input type="text"/>
Income from part-time employment during academic year	<input type="text"/>
Student Loan (expected)	<input type="text"/>
Credit card/bank loan, student line of credit	<input type="text"/>
Bursaries, grants, scholarships, fellowships, awards from other agencies, etc. Specify:	<input type="text"/>
Stocks, bonds, RESP, other investments	<input type="text"/>
Employment Insurance benefits while studying	<input type="text"/>
Other income. Specify below.	<input type="text"/>

Other Contributions

Contributions from parent(s)	<input type="text"/>
Contributions from spouse/partner	<input type="text"/>

TOTAL RESOURCES PER ACADEMIC YEAR

ESTIMATED RESOURCES

Based on 8-month academic Year

Personal Contributions

Tuition and Fees	<input type="text"/>
Books and Supplies	<input type="text"/>
Room/Apartment Residence fees Roommates Y N	<input type="text"/>
Medical Expenses	<input type="text"/>
Transportation (local)	<input type="text"/>
Heat	<input type="text"/>
Lights	<input type="text"/>
Food/meal plan	<input type="text"/>
Child care	<input type="text"/>
Telephone/Internet	<input type="text"/>
Credit card/ interest payments	<input type="text"/>
Other Itemize below.	<input type="text"/>

TOTAL EXPENSES PER ACADEMIC YEAR

PLEASE PROVIDE INFORMATION ON ANY SPECIAL CIRCUMSTANCES THAT YOU FEEL SHOULD BE CONSIDERED 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 is true.

Signature of Applicant

Date