



APPLICATION FOR BURSARY ASSISTANCE

RETURN COMPLETED APPLICATION TO THE REGISTRARS'S OFFICE

This application form must be carefully completed. Incomplete application forms cannot be considered by the Financial Awards Committee.

A bursary is a non-repayable award. Applicants must have demonstrated financial need, be enrolled in 60% of a full course load in a program of at least 12 weeks in length, have reached the mid-point of their program or academic year and be making satisfactory academic progress.

PERSONAL
STUDENT NUMBER:
SURNAME:
GIVEN NAMES: (use FULL legal name)
MAILING ADDRESS:
SOCIAL INSURANCE NO.
CITY:
PROVINCE:
POSTAL CODE:
BIRTH DATE:
DO YOU LIVE IN YOUR PARENTS HOME?
DO YOU LIVE IN COLLEGE DORMS?
MARITAL STATUS:
OF DEPENDENT CHILDREN:
AGE: 0-11
12-15
16+

PROGRAM
PROGRAM OF STUDIES:
START DATE:
CAMPUS:
EXPECTED COMPLETION DATE:
(current level or year)

Have you applied for Canada or Provincial Student Assistance this year?
Province or Territory through which you applied:
AMOUNT AWARDED:
Canada Student Loan
Provincial Student Loan
Grant
Other
TOTAL AWARD

It is expected that you have budgeted to cover costs for the school year. Explain shortfall:

If you are applying for assistance to meet a particular expense, please explain:

Table with 2 columns: Name of Bursary, How do you Qualify

If the Committee becomes aware that you have intentionally misrepresented information on either your BCSAP or Bursary application, the Committee reserves the right to re-call any funds it has awarded you. Transcripts, certificates and/or diplomas will be withheld until repayment is made.

COMPLETE BUDGET INFORMATION ON REVERSE

OFFICE USE ONLY

FAO/CTTE Comments:
AWARD:

BUDGET FOR BURSARY APPLICATION

During the four months before starting classes, I/we received income from:
(Married students include income of spouse.)

	Yes	No	
Wages from employment	<input type="checkbox"/>	<input type="checkbox"/>	Net earnings: \$ _____
Employment Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Net earnings: \$ _____
BC Benefits	<input type="checkbox"/>	<input type="checkbox"/>	Net earnings: \$ _____
Other	<input type="checkbox"/>	<input type="checkbox"/>	Net earnings: \$ _____
			TOTAL \$ _____

ASSETS: *(Married students include assets of spouse.)*

I/we own a motor vehicle(s)

Year _____	Make & model _____	Current value	\$ _____
Year _____	Make & model _____	Current value	\$ _____

I/we own RRSP's valued at \$ _____

I/we own term deposits, GIC's bonds valued at \$ _____

Other Assets valued at \$ _____

PROGRAM INFO: *(Complete for the current year)*

Tuition fees for this program	\$ _____	paid by Self <input type="checkbox"/>	Parents <input type="checkbox"/>	Sponsor <input type="checkbox"/>	Other <input type="checkbox"/>
Textbook and supply costs	\$ _____	paid by Self <input type="checkbox"/>	Parents <input type="checkbox"/>	Sponsor <input type="checkbox"/>	Other <input type="checkbox"/>
Other costs ie. uniforms/equip.	\$ _____	paid by Self <input type="checkbox"/>	Parents <input type="checkbox"/>	Sponsor <input type="checkbox"/>	Other <input type="checkbox"/>

This year I received a Passport to Education or Youth Community Action voucher valued at \$ _____

This year I received other scholarships/bursaries valued at \$ _____

EXPENSES AND INCOME DURING SCHOOL TERM:

Savings at start of program *(before paying tuition fees/books)* \$ _____

EXPENSES PER MONTH <i>(total for student and spouse)</i>	INCOME PER MONTH
Rent or Mortgage _____	Student net p/t wages _____
Food _____	Spouse net wages _____
Utilities _____	Work Study _____
Daycare <i>(include subsidy)</i> _____	<i>(*total for student and spouse)</i>
Medical/dental _____	CEIC/EI* _____
Clothing _____	BC Benefits* _____
Miscellaneous _____	Band* _____
Vehicle insurance/month _____	Parents* _____
Vehicle payment _____	Other agency* _____
Gas/maintenance _____	Daycare subsidy* _____
	Other income* _____
TOTAL EXPENSES \$ _____	TOTAL INCOME \$ _____

Do not include Child Tax Credits, Tax Refunds, GST Rebates or BC Family Bonus as income.

I declare that the information on this application is correct. I authorize the Financial Awards Committee to review my NWCC record and to release information as required to the donor(s) of award(s) I receive. I also authorize the Committee to review my BC Student Assistance record as it relates to this application.

SIGNATURE OF APPLICANT

DATE