

## APPLICATION FOR BOOTH UNIVERSITY COLLEGE BURSARIES

### SECTION 1 - ALL APPLICANTS:

**1. Personal Information** *Please type or print clearly.*

**Name:**

\_\_\_\_\_ last

\_\_\_\_\_ first \_\_\_\_\_ initial

\_\_\_\_\_ area code and phone number \_\_\_\_\_ e-mail address

**Mailing Address:**

\_\_\_\_\_ number and street or post office box

\_\_\_\_\_ city / town \_\_\_\_\_ province

\_\_\_\_\_ postal code \_\_\_\_\_ country

**2. Student Status** *Please (✓) check the appropriate box.*

Returning  New

Program of Study \_\_\_\_\_

Year of Program  1  2  3  4

Semester for which bursary is being applied: *(Please check one only).*

Fall (12 CHRS July 31<sup>st</sup>)  Winter (12 CHRS November 15<sup>th</sup>)  Spring (6 CHRS March 31<sup>st</sup>)  Summer (6 CHRS May 15<sup>th</sup>)

**Complete Section 2 and/or Section 3 as applicable.**

### SECTION 2 - NEEDS BURSARY APPLICANTS:

1. A needs based bursary is an award given to help students who can prove that there is a need for an amount of money to supplement the amount the student has already secured for any academic year. It is clearly meant to supplement only. Students are requested to have their financial plan in place before applying for a needs based bursary. The bursary is applied toward tuition.

**2. Study Period Budget: Estimate where necessary**

List all expenses and resources for four months = a semester (include spouse). Do not leave any spaces blank, fill in with zeros if no applicable income or expense.

Expenses for Semester	\$\$\$	Resources for semester	\$\$\$
Tuition		Work (during semester)	
Residence Room & Board		Savings (start of term estimate)	
Rent/Mortgage (if not in residence)		Parental or Family Contribution	
Food (if not in residence)		Student Loan	
Utilities		Bank Loan/Line of Credit	
Personal Care		Child Education Grant (for Salvation Army Officers' children)	
Transportation (bus or car operating expenses)		Trust Funds, Bond/RESP	
Medical		Sponsorship/Band Funding	
Child Care Costs/Support		Spouse Income	
Textbooks		Child Care Support	
Other (please specify)		Child Tax Credit	
		Income Assistance	
		Scholarships (External Bursaries)	
		Other (please specify)	
<b>Total per semester =</b>	<b>\$</b>		

*Please note* that incomplete forms will cause delays in processing. It is important to answer all questions. Incorrect information may cause changes in financial aid awarding.

**3. Personal Explanation of Application**

Please complete your budget information and submit on a separate sheet any exceptional circumstances that highlight your need. Your comments here can be very helpful in assessing your eligibility for the bursary.

### SECTION 3 - INDIGENOUS BURSARY APPLICANTS:

I am declaring that I am of Indigenous ancestry.

Please state any Band Funding that you are receiving:

Tuition Amount: \_\_\_\_\_ Other: \_\_\_\_\_

Band Name: \_\_\_\_\_

### SECTION 4 - DECLARATION:

***(All Applicants to complete this section):***

I hereby apply for a Booth University College Needs Bursary and certify that the statements contained herein are true and complete to the best of my knowledge.

I understand that this *Application Form* becomes the property of the University College once submitted and will not be returned to me.

I authorize Booth University College to verify all information submitted. I understand that misrepresentation, falsified documents, or the withholding of requested information with respect to this application may result in the denial of my bursary.

The personal information collected will be used for determining eligibility for Booth University College Needs Bursary. This information may be used for statistical reporting as required of the University College by accrediting and government agencies.

I understand that should I receive a bursary, the Financial Aid Officers may release information relevant to the requirements of the award, and back ground information from this application, to other departments in the University College. I understand that my bursary will be applied to tuition.

If I withdraw or do not complete any or all courses attempted, I will be responsible to pay for the courses and any overpayment of financial assistance.

I consent to full access to my student records and government loan records.

\_\_\_\_\_ applicant's signature

\_\_\_\_\_ date

**Submit Application Form & Personal Explanation Letter by mail to the Business Office, 447 Webb Place, Winnipeg, MB R3B 2P2 or drop off in person to the Student Services Front Desk prior to the Deadline Dates shown in Section 1**