

BACHELOR OF SCIENCE IN NURSING PROGRAM - APPLICATION FOR BURSARY AWARD

Which bursary are you applying for?

3rd Year BScN – Dr. Konstantin Siegmund Memorial Award 4th Year BScN – Loretta Tario Bursary

PART A

Name _____	Student No. _____
Telephone Number _____	SIN No. _____
Full Mailing address	
Length of Program _____ (years)	What year are you currently registered in?

PART B (please answer all questions)

1. Are you receiving some financial assistance from your family?
 Yes No (If no, please explain)

2. Are you working part-time?
 Yes No (If no, please explain)

3. Have you applied for a student loan? (ie. OSAP)
 Yes No (If no, please provide a written explanation)

4. If you are currently paying off debts, please state amount(s) and the reasons for these debts.

5. Please attach a letter of explanation why you feel you require financial assistance at this time.

6. Please attach a letter(s) of support from a health care professional who is familiar with your current patient care experience.

7. Have you received any other bursary from the college or community in the past 12 months? No Yes
If yes, name of the bursary and the amount:

8. Marital Status <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> sole support parent	How many people are currently living in the home?
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Student's Signature _____ Date: _____

IMPORTANT NOTE: Please complete the Budget Information on the reverse. Calculate your budget for the study period. (ie: from Aug to April = 8 months in school) or (ie: from August to August = 12 months). Your current budget information must be submitted as part of your application for a bursary award.

Budget Information for the College Year – B.Sc.N. Bursary Award Application

Name of Applicant _____

B.Sc.N. Year 3 ____ Year 4 ____

Resources		Educational/Living Expenses	
Savings at beginning of school period	\$	Tuition Fees	\$
Parent's/Spouse's assistance	\$ X mths = \$	Books/Supplies	\$
Academic Awards/ Bursaries/Scholarships	\$ X mths = \$	Rent/Mortgage	\$ X mths = \$
Part-time income	\$ X mths = \$	Hydro	\$ X mths = \$
Orphan's Benefits	\$ X mths = \$	Gas	\$ X mths = \$
Ontario Works	\$ X mths = \$	Water	\$ X mths = \$
Child tax credit	\$ X mths = \$	Cable	\$ X mths = \$
Employment Insurance	\$ X mths = \$	Telephone	\$ X mths = \$
C.P.P.	\$ X mths = \$	Food	\$ X mths = \$
Ontario Disability Support Plan (ODSP) (Gain D)	\$ X mths = \$	Personal	\$ X mths = \$
Income tax refund	\$ X mths = \$	Clothing	\$ X mths = \$
Student Loan	\$	Travel: Local	\$ X mths = \$
Assets you plan to/or have liquidated (specify)	\$	Travel: Home	\$ X mths = \$
Support payments	\$	Laundry	\$ X mths = \$
Other (specify)	\$ X mths = \$	Entertainment/recreation	\$ X mths = \$
		Car Maintenance	\$ X mths = \$
		Insurance (car, home or life)	\$ X mths = \$
		Child care (babysitting)	\$ X mths = \$
1. Student line of credit (Bank)	\$ X mths = \$	Other (ie. car loans 1. Student line of credit (Bank) Credit card payment. 2. Private Bank Loan	\$ X mths = \$
2. Private Bank Loan	\$ X mths = \$		\$ X mths = \$
			\$ X mths = \$
TOTAL RESOURCES	\$	TOTAL EXPENSES	\$

APPLICANT'S DECLARATION: I have given complete and true information on this form.

Date _____

Student's signature _____

<p>Office use only</p> <p>OSAP recipient <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Percentage of course load _____</p> <p>Any previous bursaries? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If previous bursaries, state: _____</p>	<p>G.P.A. _____</p> <p>(Student loan) - (other prov. assistance) _____</p> <p>Amount owing on subledger _____</p> <p>Semester (term)? _____</p> <p>Bursary Awarded? <input type="checkbox"/> No <input type="checkbox"/> Yes Amount: \$ _____</p>
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