



RRRA BURSARY APPLICATION 2009

All information provided in this application will remain confidential to the Bursary Committee and will not be revealed to anyone else without the permission of the applicant. Please return to the RRRA office by 5pm on Friday March 27th, 2009.

Personal Information

Applicant Name _____ Student Number _____
(surname) (given names)

Birth Date ____/____/____ Social Insurance Number _____
dd mm yyyy

Address _____ City _____

Province _____ Postal Code _____

Residence Address _____
(box #) (room number) (building)

Phone (home) _____ (alternate) _____

Post Secondary Information

Degree/Diploma/Certificate Sought _____

Program/Field of Study _____

Length of Program _____

Incomplete Applications will not be considered.

Financial Information:

STUDY PERIOD EXPENSES		STUDY PERIOD RESOURCES	
(September – May)		(September – May)	
Tuition	\$	Savings	\$
Books	\$	Awards, Scholarships, Bursaries	\$
Supplies, etc	\$	Student Loans (gov. & non-gov.)	\$
Residence	\$	Parental Contributions	
Education Expenses (A)	\$	Educational Resources (C)	\$
MONTHLY EXPENSES		MONTHLY INCOME	
Food	\$	Part-Time Earnings	\$
Utilities	\$	Work-Study Earnings	\$
Household (laundry, cleaning)	\$	Child Care Subsidy	\$
Transportation	\$	Spouse's Income	\$
Entertainment	\$	Educational Savings Plans	\$
Medical/Dental/Optical	\$		
Child Care	\$		
Miscellaneous	\$		
Other (Specify)	\$		
= Total Monthly Living Expenses X Number of Months of Study	\$	= Total Monthly Living Income X Number of Months of Study	\$
= Total Living Expenses (B)	\$	= Total Income (D)	\$
Total Monthly Living Expenses (A) + (B) =	\$	Total Study Period Resources (C) + (D) =	\$
Total Study Period Expenses minus (-) Total Study Period Resources = Financial Need			
\$	MINUS	\$	=
	(-)		\$

Declaration:

I hereby declare that all information given above is complete and true in every respect, and that I have answered all questions applicable to me on this form and that the bursary is essential to enable me to continue my education. I further declare that I am willing to submit all statements for independent verification and audit and that I will submit any documentation necessary to substantiate my claimed expenses. Should my application be successful, I hereby agree to the release of my name and address. Furthermore, I agree that if my circumstances change from those reported on this application, the bursary may be rescinded.

Signature: _____ Date: _____

Questions

1) Describe your academic and career goals.

2) Explain how receiving this bursary will assist you in achieving your academic and career goals.

3) What experiences do you hope to gain from living in Residence?

4) Explain how this bursary will help improve your Residence living.
