

Rotary Club of Gravenhurst

Service Above Self - He Profits Most Who Serves Best Box 888 • Gravenhurst • Ontario • Canada • P1P 1V2

ROTARY BURSARY ENDOWMENT FUND

APPLICATION FORM

Eligibility: To qualify for a bursary the applicant must:

- a) be a resident of Gravenhurst or attending school in Gravenhurst.
- b) be planning a post secondary education at a University or College or.
 - be upgrading or developing new skills in a program leading to a certificate.
- c) show a financial need.

Applications must be received before <u>June 30th 2018</u> to receive funding after September 1st 2018.

All sections of this application form must be completed.

Personal Data:

Name: Given:	Last:
Address:	
	Postal Code:
Mailing Address (if different):	
Phone:	Email:
Social Insurance Number:	
Citizenship: Canadian Yes - No.	Other:
	Yes No. Ages:
I have been attending school in Grave	enhurst foryears.
I have been living in Gravenhurst for	years.
High School:	Date of Graduation:
Curriculum: (Circle one): Academ	nic Applied Essential Apprentice
or	
Present Occupation:	
-	
I have (acceptance) or (have applied	to) the following institutions preferred by me:
a)	Course of Study:
	Course of Study:
b)	Course of Study

Fill in this Budget based on the Study Period for this Application

(Ex. A 'study period' may vary. University is typically September to April. Bursaries provided are for one 'study period'.)

Income for	Study	Period
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Total of all savings and investments at the beginning of your Study Period	
before paying for any educational costs.	\$
Academic Awards, Scholarships, Bursaries expected this year	\$
Academic Awards, Scholarships, Bursaries received last year	\$
Specify Type or Source:OSAP funding granted for the following amount: Estimate is acceptable	
OSAP funding granted for the following amount: Estimate is acceptable	\$
Application for OSAP has been made: (Yes) (No) (I am applying.)	
Students Net Income from Part Time work during Study Period.	\$
Registered Educational Saving Plan available to Student for Study Period	
Child Tax Credit, per month X months =	
Parents or Guardian Contributions for your Study Period.	\$
Child Support Payments payable to you/mo. Xmonths =	\$
Rental Income, Alimony, or Sale of Assets.	\$
(T-4-1 I) 1 -f O41 D	Φ
' <u>Total Income</u> ' before Other Resources	3
Expenses Anticipated for Study Period	
Tuition and Compulsory Fees:	\$
Books and Supplies:	\$
Accommodation: \$/mo. X months =	\$
Food: \$months =	\$
Utilities: \$/mo. X months =	\$
Phone and Internet: \$/mo. X months =	\$
Bus Pass, Tickets: \$/mo. X months =	\$
Recreation: \$/mo. X months =	\$
Clothing:	\$
Travel Home: \$/trip. X trips =	\$
' <u>Total Expenses</u> ' for Study Period	<u>\$</u>
	d)
'Total Income' minus 'Total Expenses' =	.

Family Information: (not required for adults upgrading for technical or trade certificate programs) _____ Contact at:_____ Name of Parents: _____ Contact at: _____ May we contact your Parents? Yes No. Address of Parents: Combined Income of Parents before taxes: \$_____ Income of parent(s) as shown on Line 150 of their Income Tax Return: _____ and _____. Do your parents own their home: Yes No How many brothers and sisters in your family? _____ How many are in school. _____. Are siblings at or planning a post secondary institution? Yes No. **Extra Curricular Activities:** Describe any interests, sports, achievements or recognitions you have had. Briefly explain why you should be considered for this bursary (including financial need): Questions? Complete the application the best you can. Attach questions or concerns separately. Consent: The applicant consents to the indirect collection, use, sharing and disclosure of information herein, for the purpose of verifying the information supplied and information not supplied, as it may pertain to this application for funding. The applicant may withdraw this consent at any time by written notice to the address in the letterhead attached. (All information will be kept confidential.) The applicant states: I have given true and accurate information in regard to this application. I realize I am responsible for providing any supporting documentation as may be required. If any information is found, at any time, to be untrue, the Bursary provided will be required to be refunded in full. Signed by Applicant: _____ Dated: _____ The Parent or Guardian states the information in regard to their finances is Accurate and Complete. Signed by Parent or Guardian: ______ Dated: _____

Print Name of Parent or Guardian signing: