

AMSI BURSARY APPLICATION

PERSONAL IDENTIFICATION

FAMILY NAME:		GIVEN NAME:	
BANNER NUMBER:	B00	PROGRAM:	
STATUS:	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	YEAR OF STUDY:	<input type="checkbox"/> 1 ST <input type="checkbox"/> 2 ND <input type="checkbox"/> OTHER
LOCAL MAILING ADDRESS:		POSTAL CODE:	
TELEPHONE:		DAL EMAIL:	
CITIZENSHIP STATUS:	<input type="checkbox"/> CANADIAN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> STUDENT VISA		
COUNTRY OF BIRTH:			
MARITAL STATUS:	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> COMMON LAW <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED		
NUMBER OF DEPENDENTS CURRENTLY LIVING WITH YOU:			

SECTION 1

HAVE YOU EVER RECEIVED OR HAVE YOU EVER BEEN TURNED DOWN FOR A DALHOUSIE BURSARY IN YOUR CURRENT PROGRAM OF STUDY?	RECEIVED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	TURNED DOWN: <input type="checkbox"/> YES <input type="checkbox"/> NO	

SUMMARY OF BURSARY APPLICATION HISTORY

ACADEMIC YEAR	AMOUNT	DATE AWARDED/DECLINED
	\$	
	\$	
	\$	

SECTION 2

STUDENT AID ASSESSMENT FOR THE GIVEN CURRENT ACADEMIC YEAR (PLEASE INCLUDE PHOTOCOPY OF YOUR PROVINCIAL STUDENT AID ASSESSMENT SHEET.)

DO YOU HAVE A...	AMOUNT	COPY OF ASSESSMENT SHEET ATTACHED?
CANADA STUDENT LOAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/>
PROVINCIAL STUDENT LOAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/>
PROVINCIAL STUDENT BURSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/>
BANK/STUDENT EDUCATION LOAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/>

SECTION 3

APPLICANT & SPOUSE DEBT STRUCTURE

• ACCUMULATED STUDENT LOANS, INCLUDING THIS ACADEMIC YEAR:	\$
• ACCUMULATED DEBTS FROM BANKS, TRUST OR FINANCE COMPANIES:	\$
• ACCUMULATED BALANCE ON CREDIT CARDS (E.G. VISA, MASTERCARD):	\$
• PRIVATE LOANS:	\$
TOTAL:	\$

SECTION 4

USE OF A MOTOR VEHICLE

ARE YOU (OR YOUR SPOUSE) THE LEGAL OPERATOR AND/OR OWNER OF A MOTOR VEHICLE (INCLUDING MOTORCYCLE)?		<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, HOW MANY KILOMETERS DO YOU LIVE FROM CAMPUS?:		KM
• MONTHLY PAYMENTS (IF APPLICABLE):	\$	
• MONTHLY MAINTENANCE ON VEHICLE:	\$	
• MONTHLY AMOUNT SPENT ON FUEL:	\$	
• MONTHLY AMOUNT OF INSURANCE PAYMENT:	\$	
TOTAL =	\$	
		x 12 = \$

SECTION 5

BUDGET FOR ENTIRE CURRENT ACADMIC YEAR SEPTEMBER 1 TO AUGUST 31.

(STUDENTS MUST DISCLOSE DETAILS OF ALL EXPENSES AND RESOURCES IN ORDER TO BE CONSIDERED FOR A BURSARY.)

ALL EXPENSES (INCLUDES ALL EXPENSES FOR 12 MONTHS)

a)	TUITION & STUDENT FEES:	APPLICANT	\$		SPOUSE	\$	=	\$
b)	INTERNATIONAL DIFFERENTIAL FEE (INTL. STUDENTS ONLY WHERE APPLICABLE):	APPLICANT	\$		SPOUSE	\$	=	\$
c)	BOOKS & SUPPLIES:	APPLICANT	\$		SPOUSE	\$	=	\$
<i>PROVIDE DETAILS:</i>								
e)	LODGING: (AVERAGE OVER 12 MONTHS)	RESIDENCE:	RENT/MONTH	\$	X	# OF MONTHS	=	\$
		OFF-CAMPUS	RENT/MONTH	\$	X	# OF MONTHS	=	\$
		ROOM & BOARD	RENT/MONTH	\$	X	# OF MONTHS	=	\$
f)	GROCERIES:	COST/MONTH	\$	X	12 MONTHS	=	\$	
g)	TELEPHONE/CABLE/INTERNET:	COST/MONTH	\$	X	12 MONTHS	=	\$	
h)	ELECTRICITY:	COST/MONTH	\$	X	12 MONTHS	=	\$	
i)	HEAT & WATER:	COST/MONTH	\$	X	12 MONTHS	=	\$	
j)	CHILD CARE:	COST/MONTH	\$	X	12 MONTHS	=	\$	
k)	MISCELLANEOUS EXPENSES: (PROVIDE DETAILED EXPLANATION)						=	\$
							=	\$
							=	\$
							=	\$
l)	USE OF A MOTOR VEHICLE TOTAL (FROM SECTION 4):						=	\$
TOTAL EXPENSES								\$

ALL RESOURCES (INCLUDES ALL RESOURCES FOR 12 MONTHS, PLEASE PROVIDE ESTIMATE IF EXACT FIGURES ARE NOT CERTAIN)

a)	CANADA STUDENT LOAN (FROM SECTION 2):	APPLICANT	\$		SPOUSE	\$	=	\$
	PROVINCIAL STUDENT LOAN (FROM SECTION 2):	APPLICANT	\$		SPOUSE	\$	=	\$
	BANK STUDENT/EDUCATION LOAN (FROM SECTION 2):	APPLICANT	\$		SPOUSE	\$	=	\$
b)	EXTERNAL FUNDING INCLUDING BURSARIES:	APPLICANT	\$		SPOUSE	\$	=	\$
c)	PREVIOUS BURSARY AMOUNTS (FROM SECTION 1):						=	\$
d)	INCOME OVER 12 MONTHS (INCLUDING TEACHING ASSISTANTSHIPS & RESEARCH GRANT FUNDING):							
	APPLICANT:	SOURCE(S)	AMOUNT/MONTH	\$	X	# OF MONTHS	=	\$
	SPOUSE:	SOURCE(S)	AMOUNT/MONTH	\$	X	# OF MONTHS	=	\$
e)	FAMILY ALLOWANCE:		AMOUNT/MONTH	\$	X	# OF MONTHS	=	\$
f)	UNIVERSAL CHILD CARE BENEFIT (UCCB) REBATE:	APPLICANT:	\$		SPOUSE:		=	\$
g)	SOCIAL SERVICES:	APPLICANT:	\$	X	# OF MONTHS	=	\$	
		SPOUSE:	\$	X	# OF MONTHS	=	\$	
h)	DEPARTMENT OF VETERAN AFFAIRS (DVA) ALLOWANCE:	APPLICANT:	\$	X	# OF MONTHS	=	\$	
		SPOUSE:	\$	X	# OF MONTHS	=	\$	
i)	CANADA PENSION:	APPLICANT:	\$	X	# OF MONTHS	=	\$	
		SPOUSE:	\$	X	# OF MONTHS	=	\$	
j)	EMPLOYMENT INSURANCE (EI):	APPLICANT:	\$	X	# OF MONTHS	=	\$	
		SPOUSE:	\$	X	# OF MONTHS	=	\$	
ALL OTHER RESOURCES (PROVIDE DETAILED EXPLANATION)								
		APPLICANT:	\$		SPOUSE:		=	\$
		APPLICANT:	\$		SPOUSE:		=	\$
TOTAL RESOURCES								\$

NEED (TOTAL EXPENSES -TOTAL RESOURCES) =

\$

SECTION 6

EXPLANATION OF NEED

NOTE: THIS SECTION **MUST** BE COMPLETED IN ORDER FOR THE APPLICATION TO BE CONSIDERED. IF MORE SPACE IS REQUIRED PLEASE ATTACH ADDITIONAL PAPERWORK TO THIS APPLICATION.

[Empty space for explanation of need]

SECTION 7

APPLICANT'S DECLARATION AND AUTHORIZATION

- I DECLARE THAT THE FOREGOING INFORMATION IS, TO MY KNOWLEDGE, A TRUE, COMPLETE AND ACCURATE STATEMENT OF MY FINANCIAL STATUS, AND I HEREBY REQUEST CONSIDERATION FOR ASSISTANCE FROM THE FUNDS MADE AVAILABLE FOR THIS PURPOSE FROM THE UNIVERSITY.
- I AUTHORIZE DALHOUSIE UNIVERSITY TO RELEASE BURSARY AWARD INFORMATION FORMATION TO THE FEDERAL OR PROVINCIAL STUDENT FINANCIAL AID OFFICE.
- I ALSO AUTHORIZE THE UNIVERSITY TO CONTACT MY SOURCES OF FUNDS/EXPENSES, IF THIS IS JUDGED TO BE NECESSARY.
- I UNDERSTAND THAT IF AWARDED, ANY MONIES OWING TO THE UNIVERSITY WILL BE DEDUCTED FROM THE BURSARY.

NAME OF APPLICANT	SIGNATURE	DATE
SUBMIT TO:	ADMINISTRATIVE ASSISTANT ROOM 4016, KENNETH C. ROWE MANAGEMENT BUILDING 6100 UNIVERSITY AVENUE PO Box 15000 HALIFAX, NS B3H 4R2	