

## APPLICATION FOR BOOTH COLLEGE NEEDS AWARDS

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

Name: \_\_\_\_\_  
last

\_\_\_\_\_ first \_\_\_\_\_ middle

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

### Mailing Address

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

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

\_\_\_\_\_ postal code / zip code \_\_\_\_\_ country

\_\_\_\_\_ area code and phone number (home) \_\_\_\_\_ e-mail address

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

Returning       New       Transfer

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

Year of Program     1     2     3     4

Semester for which bursary is being applied:     Fall     Winter

Number or credit hours registered for in the \_\_\_\_\_ semester:

### 3. Accommodation *Please (✓) check the appropriate box.*

Living on Campus in Residence

Living with parents (room & board provided)

Living with parents (paying room & board)

Living Alone (no dependents)

Living with Spouse (no dependents)

Living with Spouse (with dependents)      How many: \_\_\_\_\_

Single Parent (with dependents)      How many: \_\_\_\_\_

### 4. Personal Explanation

Please submit your responses (maximum 500 words, 1-2 pages in total, typed) to the following items on a **separate sheet**:

Outline any exceptional circumstances that highlight your need. Your comments here can be very helpful in assessing your eligibility for the bursary.

### 5. Study Period Budget: Estimate where necessary

List all expenses and resources for four months = a semester (include spouse). Do not leave any spaces blank. Use \$ 0.00 if applicable.

Expenses for Semester	\$\$\$	Resources for semester	\$\$\$
Rent/Mortgage (if not in residence)		Work (during semester)	
Food (if not in residence)		Savings (start of term estimate)	
Utilities (hydro, cable, electricity)		Parental or Family Contribution	
Clothing/Personal Care		Student Loan	
Transportation (bus or car – gas, insurance, payments)		Bank Loan	
Medical/Dental		Bank-Line of Credit	
Phone		Child Education Grant (for Salvation Army Officers' children)	
Internet		Trust Funds, Bond/RESP	
Child Care Costs		Band Funding	
Insurance		Spouse Income	
Other (please specify)		Child Care Subsidy	
<b>Total = 4 months =</b>	<b>\$</b>	Child Care Support	
		Child Tax Credit	
		Income Assistance	
		Bursaries (needs based awards)	
		Scholarships (merit-based awards)	
		Other (please specify)	
		<b>Total = 4 months =</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.

### 6. Declaration

I hereby apply for a Booth 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 become the property of the College once submitted and will not be returned to me.

I authorize Booth 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 cancellation of my bursary.

The personal information collected will be used for determining eligibility for Booth College Needs Bursary. This information may be used for statistical reporting as required of the 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 College. I understand that my bursary will be applied to outstanding fees and/or fines.

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