

Muriel Foulger Bursary 2016/2017

Student Information

Last Name	First Name	Student number
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Current Address (while attending Carleton University)

City, town, or post office	Postal code	Area code and telephone number
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Permanent Home Address (if different from above):

Citizenship Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Protected Person <input type="checkbox"/> VISA	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Check the statement below that best describes your residency situation:

You have always resided in Ontario, or Ontario is the last province you resided in for 12 consecutive months without being a full-time post-secondary student

Your spouse has always resided in Ontario, or Ontario is the last province your spouse resided in for 12 consecutive months without being a full-time post-secondary student

Ontario is the last province your parent(s), step-parent(s), legal guardian(s), or official sponsor(s) has resided in for 12 consecutive months

You now live in Ontario, but the above statements do not apply to you

Program name	Major or concentration	Program Year (eg. Yr2, Yr3, Y4)
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Financial Need Assessment

Will you be receiving OSAP assistance for the current Academic Year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you be receiving government sponsored student aid from another province for the current Academic Year? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify:
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Student's Declaration

I authorize Carleton University to release a copy of this application to the appropriate awards selection committee(s) and to the award donor, including my academic record and financial need information in order to adjudicate my application for an award. If requested, I agree to provide the Awards Office with any documentation necessary to verify the information on this. I declare that the above information is true and accurate. If any information is inaccurate, I understand that an award may be reassessed and/or withdrawn.

Signature of Student	Date
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Financial Need Budget Sept – Apr (8 month student budget)

Expenses	Value	Resources	Value
<u>Tuition</u>		Savings (at the start of your study period that will be contributed towards your budget for the current Academic Year)	
Books/Supplies		Parents Contribution	
Residence Fees		Spouse/Relatives/Friends Contribution	
Other related educational costs (specify) eg. co-op fee		Scholarships/Bursaries	
Rent	X 8 months =	Government Student Loans, Grants, Bursaries	
Food	X 8 months =	Net Part-time Earnings	
Utilities	X 8 months =	Other (specify)	
Telephone & Internet Costs	X 8 months =	Total Resources	\$
Personal Items	X 8 months =		
Clothing	X 8 months =		
Laundry	X 8 months =		
Transportation (local)	X 8 months =		
Transportation (trips home)			
Entertainment	X 8 months =		
Other (specify)			
<u>Total Expenses</u>	\$	<u>Calculated Need</u>	\$
		Total Expenses minus Total Resources	

At Carleton University, we recognize and respect the importance of privacy. Personal information that we collect is kept confidential. In accordance with section 41 of the Freedom of Information and Protection of Privacy Act, Carleton University will only use the information in its custody or control in the following circumstances: where the individual identifies the particular information and consents to its use; for the purpose for which it was collected or a consistent purpose (i.e. a purpose which the individual might have reasonably expected).

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Where will you live when you attend University?

Home: Away from home: Residence:

Total Debt Outstanding in Government Loans:

Other Loans (specify):

Have you applied for a government student loan? If no explain:

Student's Declaration

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DATE: _____ SIGNATURE _____

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The Awards Office allows for disclosure or exchange of information to external and internal bodies as required determining eligibility/suitability for awards and the release of identifying information that may include name/program / year, to award donors and university units advising them of award recipients. From time to time, the university may also post this information in public forums, such as websites and/or notices or use this information for statistical or reporting purposes to agencies that have the authority to ask for such information. If you have questions and/or do not agree to the release of identifying information, please contact the Awards Office FIPPA Liaison Officer at awards@carleton.ca.

Please complete the following:

1. Should you be awarded a bursary funded by a donor, do we have your permission to release your contact information: YES NO

DATE: _____ SIGNATURE _____

Please explain in detail why you need a bursary:

2. Are you applying for other funding that will support your research? If yes, please specify.

In addition to this form, please provide the following:

- explain in detail your research and why you need a bursary
- provide a budget for your trip
- ask your supervisor to provide a letter or email in support of your studies. This can be included in your application or sent to kristin.guth@carleton.ca and stephane.roy@carleton.ca

- You must complete the entire form in order to be considered
- Submit your application to the School for Studies in Art and Culture, 423 SP
- You will be advised of the decision by email

APPLICATION DEADLINE – February 22, 2017, 12:00 p.m.