Phyllis Mary Putt Bursary												
Student Information												
Last Name	First Name	IoIIIIatioII	Student	numbe	er							
Current Address (while attending												
City, town, or post office	Postal code		Area coo	de and	telephoi	ne numb	er	1 1	ĺ	1		
Permanent Home Address (if different from above):												
Citizenship Status Canadian Citizen Permanent Resident Protected Person VISA 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				Progr	am Year	r (eg.	r (eg. Yr2, Yr3, Y4)				
	Financial Nee	d Assessmen	t									
Will you be receiving OSAP assi □ Yes □ N	Will you be receiving government sponsored student aid from another province for this Academic Year: Yes No Please specify:											
	Student's D		<u>-</u>									
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 If any information is inaccurate, I understand that an award may be reassessed and/or withdrawn.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 Financial Need Budget Sept. – April (8 month student budget)												
Expenses	Value	t. – April (8 m		sources				V	Value			
Tuition		Savings (a that will be for this Aca	contribut	ted tow			t					
Books/Supplies		Parents Contribution										
Residence Fees		Spouse/Relatives/Friends Contribution			ition							
Other related educational costs (specify) eg. co-op fee		Scholarships/Bursaries										
Rent	X 8 months =	Governme Bursaries	overnment Student Loans, Grants,									
Food	X 8 months =		art-time Earnings									
Utilities	X 8 months =	Other (spe	cify)									
Telephone & Internet Costs	X 8 months =	Total Reso	ources				\$					
Personal Items	X 8 months =											
Clothing	X 8months =											
Laundry	X 8 months =											
Transportation (local)	X 8 months =											
Transportation (trips home)												
Entertainment	X 8 months =											
Other (specify)												
Total Expenses	<u>\$</u>		Calcul				\$					
		Total Expe	enses mi	nus To	tal Res	ources						

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).

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 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 form. Should I be awarded a bursary I will use it to cover my educational expenses. 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. I understand that should my eligibility for the bursary program be terminated, I may be required to refund any monies I have received from the University under the bursary program.									
DATE		SIGNATU	RE						

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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: a. Your contact information yes no

DATE ______SIGNATURE _____

➔ You must complete the entire form in order to be considered

- → Submit one application to: Department of Philosophy, Rm 3A48 Paterson Hall
- → You will be advised of the decision by mail in December

APPLICATION DEADLINE – November 30th

Please use this space to explain in detail why you need a bursary.