

Application form for

Canadian Council of the Blind Bursary

Terms

Awarded annually to one or more blind or visually impaired students. The eligible student(s) must be registered with the Paul Menton Centre; must complete the Carleton University bursary application; be in good academic standing; and able to demonstrate through a brief submission, how this bursary, if awarded, would assist them in furthering the goals of Canadian Council of the Blind within the Carleton community. Eligible recipients must demonstrate financial need, must be Canadian Citizens or permanent residents of Canada (landed immigrant or a protected person), and must meet the OSAP Ontario Residency requirements. Endowed in 2006 by the Canadian Council of the Blind.

Eligibility

- Applicant must be a Canadian citizen or permanent resident of Canada (landed immigrant or protected person)
- Applicant must meet the OSAP Ontario Residency requirements
- Applicant must demonstrate financial need (by completing and submitting the application form)
- Applicant must be blind or visually impaired
- Applicant must be registered with PMC

Instructions

- Write a short essay describing how this bursary, if awarded, would assist them in furthering the goals of Canadian Council of the Blind within the Carleton community.
- Complete the entire form and submit all documents directly to Awards and Financial Aid: awards@carleton.ca
- Late or incomplete applications will **not** be considered

Deadline

October 31

Form continues on page 2.

Section 1

Personal information

Last Name

First Name

Carleton Student ID

Program

Major or concentration

Year of Study

Carleton email (firstnamelastname@cmail.carleton.ca)

Citizenship Status

Canadian Citizen Permanent Resident Protected Person Visa

Self-Identification declaration of the candidate

Are you registered with the Paul Menton Centre (PMC) for Students with Disabilities?

Yes No

Do you identify as a student who is blind or visually impaired?

Yes No Prefer not to say

Ontario Residency Status

Select the statement that best reflects your Ontario residency status

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

Section 2

Financial Need Assessment

Will you be receiving OSAP or government student aid from your home province?

Yes No

If yes, please specify.

If no, please explain.

Please provide an explanation of your financial need.

Please fill in the Financial Need Budget for September – April (8 month student budget).

Tuition			
Books/Supplies			
Residence Fees			
Other related educational costs (specify) eg. co-op fee			
Rent	X 8 months	=	
Food	X 8 months	=	
Utilities	X 8 months	=	
Telephone and Internet costs	X 8 months	=	
Personal items	X 8 months	=	
Clothing	X 8 months	=	
Laundry	X 8 months	=	
Transportation (local)	X 8 months	=	
Transportation (trips home) enter amount for all trips:			
Entertainment	X 8 months	=	
Other (specify)			
Total Expenses			

Savings at the start of your study period	
Parents Contribution	
Spouse/Relatives/Friends Contribution	
Scholarships/Bursaries	
Government Student Loans, Grants, Bursaries	
Net Part-time Earnings	
Other (specify)	
Total Resources	

Total Expenses minus Total Resources	
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Section 3

Describe how this bursary, if awarded, would assist you in furthering the goals of Canadian Council of the Blind within the Carleton community.

Section 4

Student 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 and any documentation necessary to verify the information on this form. 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 Applicant

Date

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).