

Carleton University

Financial Need Based Awards Assessment - Canadian Council for the Blind Bursary

Student Information

Last Name _____ First Name _____

Student number _____

Current Address (while attending Carleton University): _____

City, town, or post office: _____ Postal code _____

Telephone: _____

Permanent Home Address (if different from above): _____

Citizenship Status:

Canadian Citizen Permanent Resident Protected Person VISA

Gender: Male Female

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): _____

Financial Need Assessment

Will you be receiving government sponsored student aid from another province for this Academic year?

Yes No If yes, please specify: _____

Financial Need Budget September – April (8 month student budget)

Expenses

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		\$ _____

Resources

Savings at the start of your study period that will be contributed towards your budget for this Academic Year	_____
Parents Contribution	_____
Spouse/Relatives/Friends Contribution	_____
Scholarships/Bursaries	_____
Government Student Loans, Grants, Bursaries	_____
Net Part-time Earnings	_____
Other (specify)	_____
Total Resources	\$ _____
Calculated Need Total Expenses minus Total Resources:	\$ _____

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.

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).

Signature of Student _____ Date (yyyy-mm-dd) _____