

Shirley Judge Bursary

Student Information															
Last Name				First Name				Student number							
Current Address (while attending Carleton University)															
City, town, or post office						Postal code			Area code and telephone number						
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	Program Year (eg. Yr2, Yr3, Y4)
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Financial Need Assessment	
Will you be receiving OSAP assistance for this Academic Year? ☐ Yes ☐ No	Will you be receiving government sponsored student aid from another province for this Academic Year: ☐ Yes ☐ No Please specify:

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 If any information is inaccurate, I understand that an award may be reassessed and/or withdrawn.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

Financial Need Budget Sept. – April (8 month student budget)			
Expenses	Value	Resources	Value
Tuition		Savings (at the start of your study period that will be contributed towards your budget for this 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 8months =		
Laundry	X 8 months =		
Transportation (local)	X 8 months =		
Transportation (trips home)			
Entertainment	X 8 months =		
Other (specify)			
Total Expenses	\$	Calculated Need	\$
		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).

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 _____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:
 a. Your contact information yes no

DATE _____SIGNATURE _____

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