

FINANCIAL NEED FORM

Foundation bursaries are granted to those whose financial circumstances would make it very difficult to attend College or University. If you wish to be considered for this award, we require the following information for the months that you are in school.

All information provided will be kept strictly confidential.

Income	Approx. Per Month		Total for School Year
Monthly Living Allowance	\$	x 8=	\$
Income from Parents/Guardians	\$	x 8=	\$
Income from Employment	\$	x 8=	\$
Other Income _____	\$	x 8=	\$
Other Income _____	\$		
Total Income	\$	x 8=	\$
Expense	Approx. Per Month		Total for School Year
Rent	\$	x 8=	\$
Utilities (Gas, Hydro, Etc.)	\$	x 8=	\$
Telecommunications (Phone, internet, Etc.)	\$	x 8=	\$
Transportation	\$	x 8=	\$
Groceries	\$	x 8=	\$
Entertainment	\$	x 8=	\$
Travel	\$	x _ =	\$
Medical	\$	x _ =	\$
Tuition (For the Year)	\$	x 1=	\$
Books (Per Semester)	\$	x 2=	\$
School Equipment (ie. computers, software)	\$	x _ =	\$
School Supplies	\$	x 2=	\$
Other _____	\$	x 8=	\$
Other _____	\$	x 8=	\$
Other _____	\$	x 8=	\$
Total Expenses	\$	x 8=	\$
Total Need (Total Income Less Total Expenses)		\$	

Declaration

This is to certify that the financial information submitted is correct.

Date:

Applicant Name: _____

Applicant Signature: _____

Parent or Guardian Name: _____

Parent/Guardian Signature: _____