



Institution-Funded Special Bursary Application

Section 1: PERSONAL INFORMATION

Social Insurance Number		Student Number		Academic Year	
Last Name/Family Name			Given Name(s)		
Address		Apt. #	City		Province
Postal Code	E-mail		Phone Number	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status * (attach proof)					
<input type="checkbox"/> Single		<input type="checkbox"/> Divorced *		<input type="checkbox"/> Married/Common-law *	
<input type="checkbox"/> Separated *		<input type="checkbox"/> Single-Support Parent *		<input type="checkbox"/> Widowed *	
Spouse's Information					
Last Name/Family Name			Given Name(s)		
Address		Apt. #	City		Province
Citizenship Status * (attach proof)					
<input type="checkbox"/> Canadian Citizen		<input type="checkbox"/> Permanent Resident *		<input type="checkbox"/> Protected Person *	
Children * (attach proof)					
Number of Children 11 years and younger that you and your spouse (if applicable) support *					
Number of children 12 years and older that you and your spouse (if applicable) support					

Section 2: STUDENT EMPLOYMENT & INCOME INFORMATION

Current employment status					
<input type="checkbox"/> Full-time		<input type="checkbox"/> Self-employed		<input type="checkbox"/> Part-time	
<input type="checkbox"/> Unemployed					
Type of income you expect to receive during your program of study					
<input type="checkbox"/> Employment Insurance *		<input type="checkbox"/> Second Career *		<input type="checkbox"/> Loss of Earnings Benefits (WSIB) *	
<input type="checkbox"/> Ontario Works *		<input type="checkbox"/> Ontario Disability Support *		<input type="checkbox"/> Other *	
Your estimated gross income for the current year.					
Other Income (if you are in receipt of one of these funding programs you are not eligible for an IFSB)					
Are you receiving assistance under any of the following programs?					
OSAP (Full-time)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Part-time Canada Student Loan/Grants	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Student Financial Aid from another province/territory	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 3: SPOUSE'S EMPLOYMENT & INCOME INFORMATION

Spouse's current employment status					
<input type="checkbox"/> Full-time		<input type="checkbox"/> Self-employed		<input type="checkbox"/> Part-time	
<input type="checkbox"/> Unemployed					
Type of income you expect to receive during the student's program of study					
<input type="checkbox"/> Employment insurance *		<input type="checkbox"/> Second Career *		<input type="checkbox"/> Loss of Earnings Benefits (WSIB) *	
<input type="checkbox"/> Ontario Works *		<input type="checkbox"/> Ontario Disability Support *		<input type="checkbox"/> Other *	
Spouse's estimated gross income for the current year.					

Section 4: STUDENT EDUCATION HISTORY

High School Information (Attach a separate sheet if you need more space.)

Highest grade completed	Date completed	Name of school	Province or country in which school is located
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List all courses or programs you have taken at any postsecondary institution since you left high school.

Name of postsecondary institution	City, province or country	Full time	Part time	Program	From (mm/yyyy)		To (mm/yyyy)		Certificate or degree received
					Month	Year	Month	Year	
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						

Section 5: STUDENT COURSE INFORMATION

List the names of the courses you are applying for at York University.

Name of course	Course number	Course dates							Course length (number of weeks)
		From (dd/mm/yyyy)			To (dd/mm/yyyy)				
		Day	Month	Year	Day	Month	Year		

Section 6: DOCUMENTATION

*** I am attaching the following as it applies to me.**

- Copy of birth certificate for all children claimed as dependents
- A letter from you confirming that the dependent children are and will be living with you during the study period
- A copy of your Canadian Immigration Record (if applicable)
- Proof of your marital status (divorce/separation papers, affidavit)
- Proof of the income/benefits that you have entered on your application (2 most recent pay stubs, letter from employer, or statement from agency that is providing benefits). If you are unemployed and supported by a third party, you must submit a signed and dated letter from them confirming support.

Budget for your study period

Start date	End date	Tuition fees	Books	Travel costs	Child care costs
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- | | | |
|--|--|--|
| Do you have permanent disability?
<input type="checkbox"/> Yes <input type="checkbox"/> No
(if yes, please attach medical documentation) | Are you in default of previous student loans?
<input type="checkbox"/> Yes <input type="checkbox"/> No
(if yes, you are not eligible for this bursary) | Are you on academic warning?
<input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|--|

Please explain the following (if you require more space, please use the back of this form)

- 1) Why are you unable to study on a full-time basis?
- 2) What post-secondary studies have you completed?
- 3) What are your current academic goals?

Section 7: CONSENTS AND DECLARATIONS

Applicant's Declaration (REQUIRED)

- I have given complete and true information on this application form.
- I will keep a copy of my application and all required supporting documentation in the event that I am required to produce this information for audit, verification, inspection or investigation purposes.
- I understand that I am responsible for providing all required supporting documentation as indicated on my application or as directed by Student Financial Services in respect of my eligibility for an IFSB award.
- I will promptly notify Student Financial Services in writing of changes to my address and/or financial, academic, family, and/or study-period status, or if any other information that I have provided changes.
- I understand that any change to the information I provide and any change resulting from verification and audit may affect my eligibility and the amount of my bursary.
- I will not receive student financial assistance from any other province, state, or country while receiving this bursary.
- I understand that if I fail to provide complete and true information or any changes to my address and/or financial, academic, family, and/or study period status, the college may restrict me from receiving IFSB in the future.

I have read and understood this section, including the notice of collection, use and disclosure of my personal information, and my signature attests to my consent to the indirect collection, use, and disclosure of my personal information, and that my declaration is complete and true.

Signature of applicant

Date (dd/mm/yyyy)

Consents, Declarations and Signatures of Spouse

Spouse's Consent to the Indirect Collection and Disclosure of Personal Information (REQUIRED)

- I understand that the information on this form, including my employment and income information, is a necessary part of the calculation of an IFSB award to the applicant. The information I have given is complete and true.
- I understand that the personal information I provide in connection with this application can be accessed by the applicant. Other personal information relevant to a reassessment will be disclosed to the applicant and any person(s) authorized by the applicant to have access to all information in the applicant's IFSB file.
- I understand that I can withdraw any consent I have given in this section by writing to Student Financial Services, any time before the applicant accepts an IFSB award. I understand that if I withdraw any consent it will affect the applicant's eligibility for and the amount of an IFSB award.

I have read and understood all parts of this section, including the notice of collection, use and disclosure of my personal information, and my signature attests to my consent to the indirect collection, use and disclosure of my personal information and that my declaration is complete and true.

Signature of spouse

Date (dd/mm/yyyy)

Protection of Privacy: Personal information in connection with this form is collected under the authority of The York University Act, 1965. This information is used to process your application and decide on your eligibility for the awards you indicate. Once an award has been granted, York University may disclose certain information to the donor of the award, provincial funding organizations and/or York University academic departments/Faculties and colleges, as set out. If you have any questions about the collection, use or disclosure of this information by York University, please contact the Manager, Registrarial Services, W120 Bennett Centre for Student Services, York University, 4700 Keele Street, Toronto ON, M3J 1P3, 416-872-9675.

FOR OFFICE USE ONLY					If applicant is previous bursary recipient w successfully completed?	
Name of program			Institution code	% full course total	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Tuition fees	Books	Travel costs	Child care costs	Total requested	Cheque amount	
Additional Information						