

GRADUATE AWARD APPLICATION

Supplementary Bursary Form

This supplementary application form is required for students currently enrolled in the SDS Collaborative Graduate Program, who have applied for a Bursary from the Rayside and Hallam Graduate Student Endowment Funds. Applications for Bursaries which do not include this form filled out in its entirety will not be considered.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	DATE OF BIRTH
SOCIAL INSURANCE NUMBER	STUDENT NUMBER	PRIMARY PHONE #
EMAIL ADDRESS		VISA STATUS

FINANCIAL INFORMATION

Do you consider yourself to be in financial need? YES NO
If you answer 'no' to this question you may skip the rest of the Financial Information section.

Did you receive OSAP at any time during the current academic year? YES NO
If you did not apply for OSAP, provide the reason under "additional information"

What is the approximate total of your OSAP debt, including this academic year? _____

Is this the first time you have applied for a Bursary from SDS? YES NO
If no, please indicate the amount you received and the year it was granted AMOUNT \$ _____ YEAR _____

Are you a permanent resident of the province of Ontario? YES NO

Relationship Status: Single Partnered/married Other Number of dependents:

Gross Annual Income of Parents/Guardians OR (if married or in a common-law relationship) Partner:
 \$ _____

If there are any special circumstances that limit support provided by your family, please provide details under 'additional information'.

ESTIMATED PERSONAL BUDGET (Academic Year September to April)			
REVENUES/RESOURCES		EXPENSES	
Bank balance (all accounts) as of Sept		Tuition & fees	
Income from part-time work (net) (during the academic year)		Rent/mortgage & utilities (x8 months)	
Income from summer work (net)		Books & academic supplies	
Co-habiting partner's income (net) (if applicable)		Food & household supplies	
OSAP/UTAPS/other student aid		Transportation	
Child Tax Credit/GST rebates/orphan's Benefits		Childcare	
Parental support		Clothing/entertainment	
Other scholarships		Medical & dental	
Other assets which can be liquidated		Debt payment (credit cards, loans, lines of credit)	
Other income not declared above		Phone and internet	
		Other expenses not declared above	
TOTAL REVENUE/RESOURCES:	\$	TOTAL EXPENSES:	\$

CALCULATED FINANCIAL NEED

$$\begin{array}{ccccccc}
 \$ & \underline{\hspace{2cm}} & - & \$ & \underline{\hspace{2cm}} & = & \$ & \underline{\hspace{2cm}} \\
 & \text{(Total Resources)} & & & \text{(Total Expenses)} & & &
 \end{array}$$

ADDITIONAL INFORMATION

If you feel there are special or extenuating circumstances that would demonstrate financial need beyond a simple budget, or that would explain why you did not apply for OSAP or were ineligible, please note them below. This is an optional section only to be used for explanations of unusual financial hardships not covered by information provided above.

DECLARATION

If selected I am willing to have my name published as a recipient of this award. YES NO

I hereby certify that the information provided on this application is, to the best of my knowledge, true and complete, and I authorize the release of the information contained herein to The Mark S. Bonham Centre for Sexual Diversity Studies Student Awards Committee. I further authorize the Bonham Centre Student Awards Committee to view, print and otherwise access my student record and transcript for the sole and express purpose of considering me as a potential recipient of the awards for which I am applying.

SIGNATURE

DATE