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| <input type="checkbox"/> For dependent children aged 0-11 years or disabled children 12 years and older, claim an additional \$1,500 per registered semester per child _____ X _____ X \$1500 = _____ (# children 0-11/>12 & disabled) (# sem. 1 or 2) (claim this amount) | |
| <input type="checkbox"/> For dependent children 12 years and older, claim an additional \$500 per registered semester per child _____ X _____ X \$500 = _____ (# children 12yr & older) (# sem. 1 or 2) (claim this amount) | |
| Other Expenses: Do not include tuition, books, vehicle and insurance, computer, or living costs (Attach a separate letter of explanation and receipts if applicable) *Note: You may include travel costs if you are participating in a University of Guelph approved travel program (if you claim this, your application must be accompanied by a <u>Travel Grant Application</u> for consideration of a bursary and travel award) | |
| TOTAL Expenses (Report on Line 2 below) | |

C SOURCES OF FINANCIAL ASSISTANCE

When did you last attend /complete high school (HS) on a full-time basis? (month/year): _____ / _____

Please provide the following information:

Spouse's (if applicable) 2010 income as reported on line 150 of Income Tax Return: you must submit a copy of your spouse's Notice of Assessment document issued by Canada Revenue Agency IF you DID NOT APPLY FOR OSAP.

Enter your pre-study income (gross earnings for the 16 week period prior to your study period)

D INCOME/RESOURCES

| | |
|---|--|
| Bank balance at beginning of this semester before paying tuition/ expenses | |
| Spouse's contribution towards this academic year | |
| Academic Awards/Bursaries/Scholarships (if known) | |
| Part-time earnings during study period. Is this work study income? yes no | |
| Total OSAP Assistance | |
| Total Out-of-Province Loan Assistance (you must attach documentation providing proof of this funding) | |
| Student bank loan/Personal Line of Credit (available balance only) | |
| Government Income for this study period only (specify): | |
| Investments, e.g. GICs, mutual funds, bonds, RRSP's, RESP's etc. (specify): | |
| TOTAL Financial Resources (Report on Line 1 below) | |

E Financial Need

| | |
|--|--|
| Line 1 (from Section D) Income | |
| Line 2 (from Section B) Expenses | |
| FINANCIAL NEED: Subtract Line 2 from Line 1 | |

COMMENTS: (attach a separate sheet if necessary)

I certify that the information contained in this application is complete and true. I agree to provide Student Financial Services with any documentation necessary to verify the above noted information. I understand that failure to provide such documentation may affect current or future eligibility for the bursary program. I further 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.

Signature

Date