

Enrolment Services Entrance Bursary (#0849)

The employees of the Enrolment Services department of Capilano University established this annual bursary to support Capilano University students during their first term of studies.

Deadline to Apply: April 27, 2012 / 4:00 p.m. (submission instructions below)

Minimum Eligibility Requirements

- a) Open to Canadian citizens or permanent residents approved to study at Capilano University
- b) Applicants must be new students enrolling in their first term at Capilano University
- c) Demonstration of financial need (completed budget required/assessed by Financial Aid & Awards)
- d) Successful applicants must enroll in a minimum of 9 credits at the 100-level or higher for the fall term or 6 credits for students with permanent disabilities who have been approved by Disability Services at Capilano University
- e) Completion of a short statement (details below)

Application Questions

Surname:	First Name:
Capilano Student # (if known):	
Phone Number:	
SIN #:	
Citizenship:	
Are you registered with Capilano Disability Services (y/n):	
Anticipated Program of Study:	

Personal Profile (check one)

- Living with parents or guardian (rent provided)
- Living with parents or guardian (paying rent)
- Living away from home paying rent
- Married/common-law with no dependents
- Married/common law with dependents / How many dependents ____
- Single Parent / How many dependents ____

Application Question (typed, maximum 500 words)

Please type a short statement explaining how this bursary will assist you if you are a recipient.

Declaration

I declare that the information on this application is true and complete to the best of my knowledge. I authorize Financial Aid and Awards to verify any of this information as required. I understand that:

- ✓ My application will be reviewed by the designated awards adjudication committee (may include donor(s))
- ✓ I will provide supporting documentation upon request from Financial Aid and Awards for verification of eligibility
- ✓ Should I be selected for the above-named award, my information relevant to the requirements of the award may be released to the award donor and/or other departments at the university
- ✓ Names and photos related to the above-named award may be published in university and/or media publications including the university website
- ✓ If I have outstanding debt to the university, the university reserves the right to collect the amount owing from award proceeds
- ✓ I may be requested to write a "thank you" letter to the donor(s) of my award and I may be required to attend an awards recognition ceremony
- ✓ Any misrepresentation or false information provided may result in the cancellation of my application or award if awarded. I may also be required to re-pay an award amount and/or be subject to university disciplinary action
- ✓ I consent that Financial Aid and Awards may disclose information on this application to StudentAid BC (Ministry of Sciences and Universities) and/or other government student loan agencies where required

Signature: _____ Date: _____

Submit To: finaid@capilanou.ca (PDF only) OR by postal mail / courier / drop-off

Capilano University

Financial Aid & Awards

BR238, 2055 Purcell Way

North Vancouver BC, V7J 3H5

BUDGET SHEET BELOW FOR COMPLETION AS PART OF THIS APPLICATION

BUDGET WORKSHEET

First Name:	Surname:
Student ID:	Social Insurance Number (SIN):

Study Period: (select one)	<input type="radio"/> FALL	<input type="radio"/> SPRING	<input type="radio"/> SUMMER
Program of Study:			

Select One:
<input type="radio"/> Single student living away from home
<input type="radio"/> Single student living at home
<input type="radio"/> Single parent (indicate dependent information below)
<input type="radio"/> Married student/spouse common-law (indicate dependent information below)
Number of dependent children:

**For expenses, only list expenses you are responsible for. For example, if rent or mortgage is shared, only report the amount you are responsible to pay. If child care costs are subsidized, only report the amount you are responsible to pay.*

Expected Expenses:	MONTHLY AMOUNT	X4 MONTH STUDY PERIOD	STUDY PERIOD TOTAL
Tuition and Fees	To be completed by Financial Aid		
Books and Supplies			\$
Computer Supplies			\$100 max allowable
Rent/Mortgage Payment	\$	X4	\$
Utilities (includes phone)	\$	X4	\$
Transportation(excluding UPass)		X4	\$
Food	\$	X4	\$
Child Care (unsubsidized)	\$	X4	\$
Exceptional Expenses (detail)			
a)	\$		
b)	\$		
Expected Expenses TOTAL:	\$		

Assets (do not include RRSPs):	AMOUNT
Motor Vehicle Value (based on year and model) *indicate if owned or leased	\$
a) Other Assets (detail)	\$

Expected Income:	MONTHLY AMOUNT	X4 MONTH STUDY PERIOD	STUDY PERIOD TOTAL
Work Income	\$	X4	\$
Savings (at start of term)			\$
Parental/Spousal assistance	\$	X4	\$
Awards received (or expected)			\$
Sponsorship (e.g. Band)			\$
Income Assistance	\$	X4	\$
Government student grants			\$
Expected Income TOTAL:	\$		

Government student loans	\$
Student line of credit/loan	\$

I acknowledge the data reported on the Financial Aid & Awards budget worksheet for the study period specified above is true to the best of my ability. I will notify Financial Aid & Awards if I submit this worksheet as part of an application package and my financial circumstances change.

Signature: _____ Date: _____