



ERM FIORILLO — HAL DAVIS CKNW ORPHANS' FUND ENDOWMENT

SINGLE PARENT BURSARY APPLICATION FOR FULL-TIME STUDENTS

Eligibility Requirements

- 1) Applicants must be enrolled in a **full-time** course load (minimum nine credits completed over four months).
- 2) Applicants must have **demonstrated financial need** by making application to the StudentAid BC Program and have financial need unmet by StudentAid BC (or demonstrated why legitimate costs were not recognized by StudentAid BC).
- 3) Applicants must be either a **Canadian citizen or landed immigrant** and **living in BC** at the time of application.
- 4) Applicants must be in at least their second full-time term at TRU-OL and must have **successfully completed** the previous full-time term.

Payment Details

- 1) The bursary for a miscellaneous living allowance, a per child allowance, and transportation where applicable, with the total bursary not exceeding the amount of unmet need as assessed by the current term's StudentAid BC application.
- 2) The normal maximum bursary funding is \$1,000 per term and \$2,500 per student per program year (April 1 – March 31).
- 3) Funding for subsequent terms requires a new application.
- 4) If your application is approved, you will be notified by mail and a cheque will be issued to your home address.

Deadlines

The TRU-OL Financial Aid Office must receive applications at least **six weeks prior to the end of the current study period**.

▷ PERSONAL AND PROGRAM INFORMATION

TRU STUDENT NUMBER: _____ SOCIAL INSURANCE NUMBER: _____
 Last name: _____ First and Initial: _____ Previous Last Name: _____
 Phone No: (_____) _____ Period of Study: _____ (e.g., Sep–Dec)
 Level of Study: Certificate Diploma Degree

▷ MONTHLY FAMILY INCOME

The total of the first five categories should represent your total average income from all sources for each month:

Gross Monthly Wages/Earnings	\$	Sponsorship (Gov't, Band, etc.)	\$
Less Deductions	\$	Gifts, Other ()	\$
Family Allowance/Child Tax Credit	\$	Student Loan (<i>note month received</i>)	\$

▷ MONTHLY FAMILY EXPENSES

The total of all six categories should represent your total average expenses per month:

Rent/Mortgage and Utilities	\$	Medical/Dental	\$
Food	\$	Loan/Credit Card Payments	\$
Clothing, Supplies, Misc.	\$	Other (specify:)	\$

▷ FAMILY LIABILITIES (DEBTS)

The total of all six categories should represent your total indebtedness at the time of application:

Mortgage(s)	\$	Line of Credit Balance(s)	\$
Automobile Loan(s)	\$	Personal Loans	\$
Credit Card Balance(s)	\$	Other (specify:)	\$

▷ **DESCRIPTION** Please briefly describe what the bursary will be used for

I REQUEST THE BURSARY FUNDING IN THE AMOUNT OF \$.00

▷ **DECLARATION**

I am asking for money to help with my education from the Erm Fiorillo — Hal Davis CNKW Orphans’ Fund Bursary.
I understand that:

- 1) The information provided will be used solely to determine financial need and other purposes consistent with the mandate of Thompson Rivers University.
- 2) Answers that are not true or that are misleading may be considered fraud. Fraud is against the law in Canada.
- 3) It is my responsibility to make sure the information on this application is true and correct.

I must sign my name on this form. I understand that signing my name on this form means:

- 4) I have answered all questions on this form and I believe that all answers I have provided are true and correct;
- 5) I need money to help with my education.

Signature of Applicant

Date Signed

NOTE: Applications with missing information will be delayed or denied.

After **completing and signing** the application, please **mail** (faxes are not accepted) to:

Financial Aid and Awards Office

Thompson Rivers University, Open Learning
900 McGill Road
Kamloops, BC V2C 0C8
Phone: 250.852.6802 (Kamloops and International)
1.800.663.9711 ext 2 (**toll-free in Canada**)

(Please allow up to three weeks for processing)

FOR OFFICE USE ONLY:		DATE RECEIVED
Recommended for assistance:	Miscellaneous: _____	
<input type="checkbox"/> Yes	Per Child Allowance: _____	
<input type="checkbox"/> No If no, state <u>all</u> reasons:	Exceptional Expense: _____	
	Total Award: _____	
SIGNATURE OF FINANCIAL AID STAFF: _____		DATE: _____