



HURON UNIVERSITY COLLEGE ENTRANCE BURSARY APPLICATION - 2024/25

Huron Student Number: _____

(APPLICATION IS FOR FIRST YEAR SINGLE, NON-MARRIED STUDENTS GRADUATED FROM SECONDARY SCHOOL WITH NO PRIOR POST-SECONDARY STUDIES. ALL OTHERS SHOULD CONTACT THE FINANCIAL AID OFFICE.)

Entrance bursaries up to \$3,000 per annum are available to full time students who satisfy the admission requirements for Huron University College and who demonstrate financial need. These bursaries are subtracted from the costs of tuition fees. Applicants who wish to be considered should complete and email their completed applications to **Dusan Stepancev, Coordinator of Student Aid and Awards, at Dusan.stepancev@huron.uwo.ca**.

Last Name: _____ First Name: _____ SIN #: _____
(required for income tax purposes)

Parents' Address: (include city) _____

Postal Code: _____ Telephone #: _____

Citizenship: _____ Canadian _____ Other (specify) _____ Home Province: ___ Ont ___ Other _____

Course Load: ___ % ___ Male ___ Female

Do you have any dependants ___ Yes ___ No ___ If yes, please list the ages: _____

YOUR FINANCIAL INFORMATION:

1. Enter an estimate (in dollars only) of the total gross income from all sources that you expect to receive during the 16-week period prior to the start of your 2024/25 study period. Please include employment, government benefits, child-support, and other taxable and non-taxable income. \$ _____

Is this figure mainly a source of government assistance, national or regional subsidized assistance? ___ Yes ___ No ___

If so, please describe _____

2. Do you plan to apply for, or have you received, OSAP (or other provincial student financial aid) for 2024/25?

___ Yes ___ No ___ Assessment (if known): \$ _____

(if No, please provide details) _____

3. Have you received, or do you expect to receive a scholarship or award from Huron University College or Other?

Yes ___ No ___ Specify _____ Amount: \$ _____

4. Do you own a vehicle? If yes: Make: _____ Model: _____ Year: _____

Current Gross Market Value: \$ _____

5. Do you hold other assets? (RRSPs, RESP's, GICs, bonds, bank account balances, other)

If yes, what is the total value: \$ _____

SUPPLEMENTAL INFORMATION:

Please provide a brief description of extra-curricular activities you have participated in and/or any participation in volunteer community groups:

INFORMATION FROM PARENTS:

This section must be completed by your parent(s), step parent(s), legal guardian(s), or official sponsor(s) if you are considered a "dependant student" (which is defined as a student who has not been out of high school for four years),

- 1. What is parents' current marital status? Married or common-law Divorced Widowed Single Separated
- 2. Net Combined Annual Income: \$ _____

Is the main source of the above figure provincial social assistance (eg. Family Benefits, General Welfare, Vocational Rehabilitation Services Benefits)? Yes No

- 3. Do you have other children attending post-secondary educational institutions? Yes No
 If yes, how many? _____ Are all children studying within the province? Yes No If no, how many are studying out of the province? _____

DECLARATION OF PARENT(S), STEP-PARENT(S), LEGAL GUARDIAN(S), OR OFFICIAL SPONSOR(S)

I have given true and complete information on this form. I understand that the personal information I have provided is for office use only and will be used in the assessment of bursary eligibility. If it is found that I have provided false or misleading information, I understand that the bursary application may be cancelled, or any monies awarded may be revoked.

Signature of Father/Stepfather/Legal guardian/Official sponsor Date

Signature of Mother/Stepmother/Legal guardian/Official sponsor Date

DECLARATION OF STUDENT: I certify to the best of my knowledge, the above information is true and correct, and that I require additional funds to continue my studies. I understand that if any information is found to be untrue, this application may be considered cancelled and any money received as a result of it will have to be paid back. I consent to the use of personal information provided on this application or accompanying documentation, including my social insurance number, for the purpose of determining my eligibility for financial assistance. I consent to the disclosure of information on this application to the Ministry of Training, Colleges, and Universities and any other source when necessary for audit and verification of the information provided. Documentation may be requested at a later date based on an audit.

Signature of Applicant: _____ Date: _____

For Office Use:

Date Received: _____
Award: _____
Award Declined: _____
Authorization: _____