

## 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](mailto:Dusan.stepancev@huron.uwo.ca)**. **The deadline to apply is June 30<sup>th</sup>, 2024.**

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:

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**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.

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

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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: \_\_\_\_\_