

BURSARY/WORK STUDY 2023/24

Note: Bursaries are to be applied for once all other resources have been exhausted. Bursaries are to be used as a supplement to OSAP, not instead of OSAP.

Return to:
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Huron University College
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PERSONAL DATA

Last Name _____ First Name _____

Student # _____ Social Insurance Number _____

Parents' Address _____

City _____ Postal Code _____ Telephone # _____

Address While at Huron _____

Postal Code _____ Telephone # _____

Email Address _____

Citizenship Canadian Landed Immigrant Other Home Province Ontario Other

Faculty _____ Program _____

Course Load _____ % Current Year 1 2 3 4 Prior Year's Average _____ %

Marital Status Single Married Sole Support Parent - # of _____ children

Date of Graduation from High School (Month/Year) _____

If you have been out of high school for four or more years, family information is not required.

****Are you the first in your family to attend post-secondary education? Yes No**

Do you want to self-identify as an Indigenous person? Yes No

Select the description(s) that you self-identify with: First Nation (Status/Non-Status Indian)
 Métis Inuk (Inuit) I use an alternative form to describe my Indigenous ancestry and/or identity (e.g., Anishinaabe, Treaty #3)

FAMILY INFORMATION	STUDENT'S PERSONAL ASSETS
Number of dependents in family:	Do you own a car? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of dependents attending post-secondary:	Make and Year:
Mother's Occupation:	Value: \$
Mother's Gross Employment Income:	Amount Owning: \$
Father's Occupation:	Do you lease a car? <input type="checkbox"/> Yes <input type="checkbox"/> No
Father's Gross Employment Income:	Make and Year:
Spouse's Occupation:	Value: \$
Spouse's Gross Employment Income:	Amount Owning: \$

OTHER ASSETS (eg. GIC's, Stocks, Bonds, etc.)

Type: _____ Value: \$ _____

Type: _____ Value: \$ _____

Financial information provided in the "Financial Statement" should be calculated for the number of months that you are attending classes during the Fall/Winter term only.

Note: In the Financial Statement, Gov't loans includes both federal and provincial funding (eg. OSAP, out of Province, Canada Student Loan).

FINANCIAL STATEMENT			
Tuition Fees	\$	Did you apply for Summer Employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Books	\$	Did you apply for Gov't loans in 2023/24?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rent \$ x 8 months =	\$	Amount of 2023/24 Gov't loans	\$
Residence Fees + meal plan	\$	Amount of 2023/24 Gov't grants	\$
Food \$ x 8 months =	\$	Contribution from parents/spouse	\$
Utilities \$ x 8 months =	\$	Huron scholarships and awards	\$
Phone \$ x 8 months =	\$	Non-Huron scholarships and awards	\$
Return Trips Home	\$	Projected savings from summer job	\$
Clothing	\$	Personal line of credit	\$
Entertainment	\$	Student bank loan(s)	\$
Personal Items	\$	RESP value (specify)	\$
Other (specify)	\$	Other expected income (specify)	\$
TOTAL EXPENSES	\$	TOTAL RESOURCES	\$
FINANCIAL NEED (Total Expenses – Total Resources)			\$
How much Gov't loans have you borrowed to date?			\$
How much have you borrowed from banks to date?			\$

***If you are not applying for Gov't loans for the current school year, please attach a letter to explain why and describe how you intend to fund your academic expenses.**

If parental contribution is \$0 and you have not been out of high school for four or more years, then please explain in Supplementary Section.

SUPPLEMENTARY STATEMENT SECTION

Why do you need additional funds to pursue your studies?

If parental contribution is \$0, please explain below:

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

DECLARATION:

I certify that to the best of my knowledge, the above information is true and correct. I understand that if any information is found to be untrue, this application may be cancelled and any money received as a result of it will have to be paid back. I consent to the ministry's use of relevant personal information for the administration of OSAP.

Date: _____ Signature: _____