GEORGIAN

YOUR COLLEGE · YOUR FUTURE

Aboriginal Postsecondary Education and Training Bursary

Name:_____

Student #:_____Social Insurance Number:_____

Address:_____

City:_____Postal Code:_____Phone: (___)_____

Program:_____Year:_____Campus:_____

Please check the box that best describes your situation:

You _____ Your Spouse _____ OR Your Parents _____ have lived in Ontario for at least 12 months in a row up to the beginning of your full time post secondary studies.

Please check all that apply:

Status First Nation _____ Non Status First Nation _____ Metis _____ Inuit _____

Aboriginal Postsecondary Education and Training Bursaries are to assist aboriginal students who have a financial need. Please describe below the financial challenges you have encountered and the reason for your request for bursary assistance. If your budget (shown on reverse) indicates a large deficit describe how you are going to or how you have met these costs. If you have not received OSAP or funding for Aboriginal Students please describe how you are funding your post secondary education.

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The Ministry of Training, Colleges and Universities (the Ministry) has provided your college or university with the funding to administer the Aboriginal PSET Bursary. As a condition of this funding, your college or university is required to make reports to the Ministry of your contact information, the amount of the Bursary you receive and the date it was awarded, your study period and information related to your eligibility for the Bursary. This personal information will be used by the Ministry to administer and finance the Bursary. It will also be used to establish the minimum amount of student aid your college or university is required to provide under the Student Access Guarantee (the Guarantee) and to administer and finance the Guarantee. If you apply for OSAP, this personal information will be used to update your OSAP application or award, including your declared income.
Administration includes: public reporting on the administration and financing of the Bursary and the Guarantee; monitoring and auditing your college or university or its authorized agents to ensure that they are administering the Bursary appropriately; conducting risk management, error management, audit and quality assessment activities; and conducting policy analysis, evaluation and research related to all aspects of student assistance. Financing includes: planning, arranging or providing funding of the Bursary and the Guarantee.
The ministry administers the Bursary and the Guarantee under the authority of the Ministry of Training, Colleges and Universities Act, R.S.O. 1990, c. M.19, as amended.

APPLICANTS DECLARATION

I have read and understood the above statement and I have given complete and true information. I understand all questions must be answered to be eligible for consideration of this bursary.

SIGNATURE_____**DATE**_____

APPROVAL_____**DATE**_____**AMOUNT $**_____ **OSAP: Y N**
Office Use Only

STUDENT BUDGET

Complete this budget based on your study period for the current academic year. I.e.: September – April (8mnths)

Study Period: Start Date:_____ End Date:_____
MM YR MM YR

Instructions: FILL OUT BUDGET BASED ON THE STUDY PERIOD INDICATED ABOVE.

INCOME AND RESOURCES

TOTAL OF ALL SAVINGS, INVESTMENTS AT THE BEGINNING OF YOUR STUDY PERIOD BEFORE PAYING FOR ANY EDUCATIONAL COSTS $_____

ACADEMIC AWARDS, SCHOLARSHIPS, BURSARIES
SPECIFY TYPE OR SOURCE:_____ $_____

STUDENT'S NET INCOME FROM PART-TIME WORK DURING STUDY PERIOD
$_____PER MONTH X _____MONTHS = $_____

SPOUSE'S NET INCOME DURING THE STUDY PERIOD
$_____PER MONTH X _____MONTHS =$_____

NATIVE SUPPORT FUNDING (MONTHLY LIVING ALLOWANCE)
$_____PER MONTH X _____MONTHS =$_____

GOVERNMENT BENEFITS (SPECIFY SOURCE, I.E.: SECOND CAREER, EMPLOYMENT INSURANCE, WORKERS' COMP., ONTARIO DISABILITY SUPPORT, CANADA PENSION BENEFITS, ETC.) _____

$_____PER MONTH X _____MONTHS = $_____

CHILD TAX BENEFIT,
G.S.T. $_____PER MONTH X _____MONTHS = $_____

ANY OTHER INCOME OR FINANCIAL ASSISTANCE FOR THE CURRENT STUDY PERIOD; I.E.: ALIMONY, CHILD SUPPORT, PARENTS/RELATIVES, RENTAL INCOME,
$_____

_____

GOVERNMENT STUDENT LOANS (OSAP), PRIVATE STUDENT LOANS OR LINE OF CREDIT
SPECIFY SOURCE:_____ **$**_____

TOTAL INCOME AND RESOURCES **$**_____

EXPENSES

TUITION AND COMPULSORY FEES FOR YOUR STUDY PERIOD				$_____
BOOKS AND SUPPLIES				$_____
RENT	$_____PER MONTH	X	MONTHS =	$_____
FOOD, HOUSEHOLD AND PERSONAL	$_____PER MONTH	X	MONTHS =	$_____
UTILITIES (NATURAL GAS, ELECTRICITY, WATER)	$_____PER MONTH	X	MONTHS =	$_____
TELEPHONE, CABLE, INTERNET	$_____PER MONTH	X	MONTHS =	$_____
LOCAL TRAVEL (GAS, BUS PASS)	$_____PER MONTH	X	MONTHS =	$_____
CLOTHING	$_____PER MONTH	X	MONTHS =	$_____
CHILD CARE COSTS **YOU HAVE TO PAY** FOR CHILDREN 11 YEARS OF AGE OR YOUNGER, IN YOUR CUSTODY	$_____PER MONTH	X	MONTHS =	$_____
OTHER EXPENSE SPECIFY:_____	$_____PER MONTH	X	MONTHS =	$_____

TOTAL EXPENSES **$**_____

FINANCIAL NEED

TOTAL INCOME MINUS TOTAL EXPENSES **$**_____