

Completed form must be returned to the Student Services' scholarships and awards coordinator.

**Incomplete applications will not be processed. Please include this 2-page form with your application package.**

Scholarships and Awards Coordinator, Department of Student Services, UPEI, 550 University Avenue, Charlottetown, PE C1A 4P3

Phone: (902) 566-0358 Fax: (902) 628-4319

## STUDENT INFORMATION

Last name		First		Middle	
Student number		Email		Program	
Year of study					
<b>Permanent Address</b>	Street address				Home phone number ( )
	P.O. Box	City/Town	Province	Postal code	
<b>Local Address</b>	Street address				Home phone number ( )
	P.O. Box	City/Town	Province	Postal code	

## IF YOU ARE DEPENDENT ON (OR LIVING WITH) YOUR PARENTS, COMPLETE THE FOLLOWING SECTION

Father's name		Occupation		Employment status <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	
P.O. Box/Street address		City/Town		Province	Postal code
Mother's name		Occupation		Employment status <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	
P.O. Box/Street address		City/Town		Province	Postal code
Parents' combined income \$				Ages of non-working siblings who are 19 years of age or younger	

## IF YOU ARE MARRIED/COMMON-LAW, COMPLETE THE FOLLOWING SECTION

Spouse's/Partner's name		Occupation		Employment status <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	
P.O. Box/Street address		City/Town		Province	Postal code
Spouse's/Partner's income \$					

## IF YOU HAVE DEPENDANTS (CHILDREN), COMPLETE THE FOLLOWING SECTION

First and Last Names	Relationship to Applicant	Age

**STATEMENT OF FINANCIAL AID**

Financial need will be determined from the budget below.

**The Estimated Resources section MUST be completed; incomplete applications will not be considered.**

Estimated Expenses **MUST** be stated based on an 8-month academic year (i.e., rent at \$400 per month must be stated as \$3,200)

Estimated Resources	
Based on an 8-month academic year	Amount per year
<b>PERSONAL CONTRIBUTIONS</b>	
Income from summer employment/savings	
Income from part-time employment while attending school	
Student loan and/or grant from student aid	
Credit card/bank loan/student line of credit	
Bursaries, scholarships, fellowship assistance, awards from other government departments and agencies and charitable donations, etc.	
Stocks/bonds/RESP	
Income from investments, rent and salary	
Tuition/research grants from other sources	
Employment insurance benefits while studying	
Family benefits/child tax credit	
Other income (please specify)	
<b>OTHER CONTRIBUTIONS</b>	
Contributions from parents	
Contributions from spouse/partner	
<b>Total resources per academic year</b>	<b>\$</b>

Estimated Expenses	
Based on an 8-month academic year	Amount per year
Tuition and fees	
Books and supplies	
Room/apartment/rent/residence fees Roommate(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Instruments/tools/equipment	
Medical insurance	
Transportation (local)	
Field trips	
Heat	
Lights	
Food/meal plan	
Child care	
Telephone/internet	
Other (itemize)	
<b>Total expenses per academic year</b>	<b>\$</b>

Provide information on any special circumstances that you feel should be considered in your case that are not accurately reflected in the financial statement.

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I hereby make the following declaration:

1. I have answered all questions which are applicable to me, and the answers given by me are true.
2. I will be a full-time student for the academic year/semester in respect of which this application is made.  
(Some part-time students bursaries are available.)
3. Financial assistance is essential to enable me to continue my education.
4. I have stated my financial situation based on an 8-month period.

**Permission is hereby granted for the awards committee to obtain any further information required from appropriate individuals or agencies.**

Signature of applicant ..... Date .....