

# **Bursary Application Form**

## A. Applicant Information

Full Name:		Status #:	
SIN:	Bi	irthdate:	
Mailing address:			
City:	Province:	Postal Code:	
Phone #:	E-1	mail:	
What Bursary are you a	pplying for?		
☐Business ☐ Hospi		sm	
B. Program Information	on		
Name of post-secondary	institution:		
Program name:			
Type of student:   Full-	time 🗌 Part-	-time	
Program type: Certifica Degree	teDiploma Other:		
Location:			
Length of Program:			
Year of studies currently	in:  First  Third	] Second ] Fourth	

#### **C.Family Information**

What is your marital state	tus? 🗌 Single		
	Single parent		
	☐ Single and living	with employed parent	
		ployed spouse	
	Married with dep	pendent spouse	
If you are married with a	n employed spouse, do	they work full-time or	
part-time? Full-time	Part-time		
Please list all of your dep	endents and their birthd	lates(month,day,year).	
Name	Birthdate	Relationship	
		-	

## You must submit required documentation for each dependent

(e.g., birth certificate, marriage certificate)

## **D.Budget**

## **Total expenses**

Please specify the monthly cost of the books and supplies as well as the documentation for the cost of tuition and fees.

Rent/Mortgage/Residence:	\$
Please specify:	
Transportation (bus pass, gas, car insu	ırance): \$
Please specify:	
Utilities (hydro, water, internet):	\$
Medical/dental premiums:	\$
Related health care costs:	\$
Food:	\$
Childcare:	\$
Student loan:	\$
Tuition and required fees:	\$
Mandatory books and supplies:	\$
Other:	\$
Please specify:	
Other:	\$
Please specify:	
	TOTAL: \$

#### Income and Financial Resources for 2025-2026 Academic Year

List the other sources of income, the timeframe and the amount. Include part-time or full-time work and all actual and projected income from sponsorships, scholarships, bursaries, merit awards and student loans.

Are you receiving any funding	from Snuneymuxw F	irst Nation?	
Yes No (If yes, i	nclude amounts belov	v)	
Tuition and fees for the 2025-2	2026 academic year:	\$	
Books and supplies:		\$	
Monthly living allowance: \$	per month x _	months = \$	
Other (please specify):		\$	
		TOTAL: \$	
Employment status:			
Full-time Part-time	Unemployed		
Part-time or full-time work	From (MM/YY)	To (MM/YY)	
Part-time or full-time work	From (MM/YY)	To (MM/YY)	 \$/Month
Part-time or full-time work	From (MM/YY)	To (MM/YY)	\$/Month

TOTAL: \$ \_\_\_\_\_

Please list other incor	ne not noted above.	
Income from scholarsh	nips or bursaries:	\$
Income from student le	oans:	\$
Other income source:		\$
		Φ.
		Φ.
		\$
-		•
	TOTAL:	\$
I hereby certify that the information knowledge.	mation provided is true	e and complete to the best of my
SIGNATURE:	DA	ΓE:

#### **E. Questions**

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