Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse Name (or **none**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Dependent Children and Ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Credits Anticipated in Fall Semester \_\_\_\_\_\_\_\_\_\_ Winter Semester \_\_\_\_\_\_\_\_\_\_ Summer Term \_\_\_\_\_\_\_\_\_\_

(A full time credit load is 15 credits per semester. One full course is 3 credits.)

Please list your household’s anticipated sources of **income** and amount available in the coming academic year. This could include summer earnings, earnings from work anticipated during the year, spouse’s earnings (if applicable), assistance from parents or other individuals, amount of savings which can be used this year, loans, and other sources of funds. The academic year is understood as the semesters in which you will be enrolled.

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Please list other sources of **scholarship/bursary assistance** have you applied for in respect of the coming academic year. This could include the Anglican Foundation of Canada, the Society for the Increase of Ministry, your sponsoring diocese and/or congregation, or other sources. If you have been notified already, please include the amount. If you have not yet been notified, please indicate the date you anticipate being notified. The academic year is understood as the semesters in which you will be enrolled.

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Estimated Total Household Income in Academic Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list your household’s anticipated **expenses** and amount in the coming academic year. This could include tuition and fees to the college and/or McGill, rent or mortgage (including utilities), other housing expenses, travel, books, clothing, insurance (life, automobile, medical, other), loan repayments, and other personal and/or family obligations. The academic year is understood as the semesters in which you will be enrolled.

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Estimated Total Household Expenditures in Academic Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any other financial obligations not listed above? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, please provide details.

Are there any special circumstances you would like us to consider?

I declare the information submitted on this form as being a complete understanding of my financial situation. I understand that if my financial or academic position changes during the year, I must notify the college and that this may result in an alteration of my bursary award. I understand that any incomplete or false information may be sufficient cause for my request to be denied. I accept to refund to MDTC any and/or all funds of this awarded bursary should I not successfully complete **all requirements** for the academic year identified.

Student Signature: Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The information contained in this form is confidential to the bursary selection committee. Bursaries are awarded in line with the college’s policy on financial assistance, which is available on the college website.