



# MONTREAL DIOCESAN THEOLOGICAL COLLEGE - *Application for Bursary Assistance*

(CONFIDENTIAL – Once completed)

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

Number of Dependent Children & Ages: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## 2014-15 ACADEMIC YEAR: FORECAST OF ESTIMATED COSTS & REVENUE

ESTIMATED EXPENSES		ESTIMATED HOUSEHOLD INCOME	
	(\$)		(\$)
Fees - College and University		Summer earnings - deduct living & travel costs for period	
Rent and/or Mortgage payment-including all utilities		Earnings during academic year	
Other Housing Expenses		Spouse's earnings (if applicable) - during 12-month period	
Travel		Grants -from diocese or other church sources	
Books		Assistance - from parents and/or other individuals	
Clothing		Scholarships and bursaries - other than MDTC	
Insurance - life		Amount of savings - which can be used this year	
Insurance - automobile		Loan(s) – be specific	
Insurance - other (specify)		Other sources of funds – be specific	
Medical and Dental			
Automobile – total debt repayments			
Other Loan repayments (use reverse for details)			
Other Personal and/or family financial obligations			
<b>TOTAL</b>		<b>TOTAL</b>	

Do you have any other debts or financial obligations not included above? \_\_\_\_\_ If yes, provide the details on reverse side or additional pages.

I declare the information submitted as being my complete financial situation. I request assistance to meet my needs identified with this bursary in the amount of: \$\_\_\_\_\_. 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: \_\_\_\_\_

OFFICE USE ONLY	
This application has been submitted for outside review by: _____ (name of reviewer) on _____ (date).	
<input type="checkbox"/> The application has been denied.	or <input type="checkbox"/> A bursary has been granted in the amount of: \$ _____ on _____ (date).
Principal's Signature: _____ Date: _____	
The student successfully completed all requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed by: _____ (print name and initial) on _____ (date).	