



# SACRED HEART OF PETERBOROUGH

# STUDENT FINANCIAL AID FORM

Please PRINT using ink. When complete, return the application and personal letter to the Registrar's office.

**Bursaries are awarded on the basis of proven financial need.**

**2015-16 Application Deadlines** Fall term: August 31, 2015 and Winter term: December 31, 2016

**Procedure:**

1. Attach a letter describing your - academic plans, including present course load
    - financial situation (This letter should include information about any special circumstances you are experiencing, and outline any extraordinary expenses you may have encountered or expect.)
    - how the Bursary funds will be used
  2. Complete the budget on this form.
  3. Decisions will be made within 4 weeks of the deadline. You will be notified of the decision by email.
- Incomplete applications, and applications without appropriate documentation will not be processed.

**Personal Information** (as it appears on official academic documentation)

Name: \_\_\_\_\_  
                                     Last/Family Name                                    First Name                                    Middle Name

Social Insurance Number: \_\_\_\_\_

Student #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address:  
 Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Marital Status:  Single  Married - spouse is :  Employed  Unemployed  Student #of Children: \_\_\_\_\_

**Student Budget Template - Sacred Heart of Peterborough**

Expenses		Total 8 Months	Resources	Monthly	Total 8 Months
Tuition/ Ancillary Fees			Savings		
Books			Native Funding		
<b>Monthly Expenses</b>	<b>Monthly Cost</b>	<b>8-Month Total</b>	Gov't Income (Orphan/ CPP/EI)		
Rent			Parental Contribution		
Utilities			Spousal Net Income (8 months)		
Telephone			Part-time employment		
Groceries			Other income (please specify)		
Personal/Household			Scholarships: Specify		
Local Transportation (gas only)					
Bus (return travel home)			Awards: Specify		
Clothing & Laundry					
Entertainment			Bursaries: Specify		
Medical/Dental (uninsured)					
Child Care			OSAP/other provincial funding program		
Other - Specify and attach receipts					
<b>Total Expenses</b>			<b>Total Resources</b>		

**Declaration**

Applicants must read and sign this declaration:  
I declare that the information contained in this application is true, correct, and complete to the best of my knowledge and is subject to verification. If necessary, I agree to provide further proof of the information that I have given. I have read and understood the Declaration in the above statement.

Signature of the Applicant \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**Financial aid Committee use only**

Result of application: Approved \$: \_\_\_\_\_ Student notified of result  email  letter

The information on this form will be used to officially record your request and to update your financial aid record if your request is granted. If you have any questions about the collection, use or disclosure of this information by Sacred Heart of Peterborough, please contact the Office of the Registrar, 705-745-5549, registrar@shofp.org.