



EXCHANGE STUDENT BURSARY APPLICATION

For UNDERGRADUATE Students

Check Applicable Session(s) for Lakehead University Exchange Bursary Application

SPRING SUMMER FALL WINTER

STUDENT PROFILE

First Name :	Last Name :	
Student ID Number :	Lakehead Email :	
Current Address :		
Program :	Major :	Year Level :

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

LAKEHEAD UNIVERSITY EXCHANGE STUDENT BURSARY.

Awarded to Lakehead University approved exchange students. Students must be attend full-time studies and have prior approval for transfer credits towards a Lakehead University degree. **Inquiries** regarding eligible exchange programs should be **directed to Lakehead International**.

Contact(s): web search: "Study Abroad" OR E-mail: Internationaladvisor@lakeheadu.ca

STUDENT'S INFORMATION AND FINANCIAL STATUS

- CITIZENSHIP:
- What country will you be studying in?
- What institution do you plan to attend?
- Indicate your Academic Terms below:
Term Starts: (Day/month/year) Term Ends: (Day/month/year)
- Last Completed term of study at Lakehead University:
- CURRENT STATUS (*only complete the section that applies to you*)
 - SINGLE DEPENDENT (*OUT OF HIGH SCHOOL LESS THAN 4 YEARS*)
Parent(s) Combined Gross Income:
List Ages of Children living at home: No. in Post-secondary:
 - SINGLE INDEPENDENT (*OUT OF HIGH SCHOOL 4 YEARS OR MORE*)
 - MARRIED / COMMON LAW:
Is spouse / partner a student? Yes No
Spouse / partner's Gross Annual Income
Do your children live with you during your study period? Yes No
List Ages of Dependent(s)
 - SOLE SUPPORT PARENT
Are you receiving support payments? Yes No
List Ages of Dependent(s)
- STUDENT LOANS / GRANTS / BURSARIES / ASSETS
 - Are you a resident of Ontario Yes No
If no, what if your home province/territory?
 - Have you applied for:
OSAP? Ontario Special Bursary Program? Part-Time Canada Student Loan Program?
 - Did you apply for a Provincial/Federal loan through a Province other than Ontario? Yes No
If yes, name Province / Territory and attach a copy of your **Notice of Assessment**.
 - Select** – Do you own any of the following investment(s):
GIC's Term deposits Stocks Bonds Trusts RRSP's
Indicate total value of investments:

OFFICE USE ONLY

AWARD CODE:	AWARD VALUE: \$	UPDATED OSAP BRS.	initials
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BUDGET FORM

Study Period Start Date (MMM/YR)

Study Period End Date: (MMM/YR)

(If you are married/common-law/ sole-support student, you must complete the budget as a family budget with income for the study period).

FINANCIAL RESOURCES FOR THE STUDY PERIOD OF MONTHS

Savings prior to leaving Canada (if none, explain why)		Parental/Spousal Assistance or Monetary Gifts (i.e. Tuition, Residence)	
Support Payments × Months		Part-time Job × Months	
Total OSAP		Other Provincial Student Loan (Attach a COPY OF YOUR NOTICE OF ASSESSMENT)	
Band Funding for Tuition & Other Fees		Name of Native Band/Funding Council:	
		Living Allowance: × Months	
Government Income (i.e. Ontario Disability, Child Tax Credit, Welfare): Amount × Months		Other Resources (i.e. Scholarships, bursaries and awards) (specify) [Attach a letter listing award funds and their value if necessary]	
Bank Loan/Line of Credit balance prior to the start of your term		Donations (i.e. from church, university or other community group)	

A. Total Resources =

ESTIMATED EXPENSES FOR THE STUDY PERIOD OF MONTHS

Tuition Fees (check myInfo)		Other Lakehead Fees (i.e. Bus Pass, dental & medical, etc.).	
Books / Equipment / Supplies		Residence / Rent × Months	
Utilities × Months		Internet / Cable × Months	
Phone × Months		Food × Months	
Personal Care Products (i.e. medication, toothpaste, etc.). × Months		Entertainment × Months	
Local Transportation: × Months (i.e. Parking Pass, Gas, etc.)		Cost to go Home: × Trips	
Minimum monthly payment for a Bank Loan/Line of Credit × Months		Other Expenses (must specify): [Attach letter of explanation]	

B. Total Expenses =

DETERMINE YOUR FINANCIAL NEED

TOTAL RESOURCES (A) – TOTAL EXPENSES (B) = (YOUR FINANCIAL NEED)

**** If your financial need is greater than \$1,000 please attach an explanation, with your name and student number, of how you will cover the additional dollars needed? ****

APPLICANT'S DECLARATION:

As a condition of receiving a scholarship, award or bursary, I agree to my name, program, and year level being published.

The information provided on this form is collected under the authority of the Act Respecting Lakehead University (Statutes of Ontario, 1965). It will be used and disclosed within the University only as shall be necessary for purposes of assessment of eligibility for awards, scholarships, and bursaries, and for their assignment. The names, programs, and year levels of award and scholarship winners may be made public. The name of each recipient of a privately donated bursary may be disclosed to the donor(s) of that bursary. Any questions about the collection, use, and disclosure of this information should be directed to: Manager, Enrolment Services - Student Awards and Financial Aid, Lakehead University.

I certify that this Bursary Application represents an accurate outline of my financial situation. I will report any changes of information related to my application, either in writing or e-mail or fax to the Lakehead University, Enrolment Services - Student Awards and Financial Aid Office. I agree that I will respond in a timely manner to any request(s) for additional, and failure to comply to the terms and conditions related to any bursary awarded to me by Lakehead University, as described in the Lakehead University Calendar, may be rescinded.

Date (dd-mmm-yyyy)

Signature of Applicant

NOTE: Incomplete and/or late application forms will not be considered. Only successful applicants will be contacted by email through their Lakehead University account.