

SPECIALIST HIGH SKILLS MAJOR \$500 BURSARY APPLICATION

For Students Entering Lakehead University from High School

Eligibility: Canadian Citizen or Permanent Resident, no previous post-secondary education and demonstrated financial need.

Applications will not be considered if they are not completed in full including signature of applicant.

Applications need to be received in Enrolment Services - Student Awards & Financial Aid no later than 4:30 pm on April 15, 2018

STUDENT INFORMATION

Last Name:	First Name:
LU Student ID Number:	Social Insurance Number:
Permanent Address:	
City/Town:	Postal Code:

EDUCATIONAL INFORMATION

High School Attended:	Graduation Date:
Please Select Specialist High Skills Major Program: (check one)	
<input type="checkbox"/> Arts & Culture <input type="checkbox"/> Business <input type="checkbox"/> Environment	<input type="checkbox"/> Health & Wellness <input type="checkbox"/> Mining <input type="checkbox"/> Sports

STUDENT'S FINANCIAL RESOURCES

Estimate of savings from Summer and Part-time work	\$
Family contribution to the 2018-2019 academic year (including RESP's)	\$
Other income/resources for 2018-2019 academic year (e.g. scholarship, grants and awards)	\$

STUDENT'S STATUS

Please select one of the following and respond to the items following it:	
<input type="checkbox"/> Dependant Parents Status: <input type="checkbox"/> Married/Common-Law <input type="checkbox"/> Separated/Divorced* <input type="checkbox"/> Widowed <input type="checkbox"/> Single Number of dependent children in family including yourself : _____ Number of dependent children in family attending college/university: _____ Father/Stepfather's income as reported on line 150 of 2017 tax return forms \$ _____ Mother/Stepmother's income as reported on line 150 of 2017 tax return forms \$ _____ <small>* only report the income of the parent you live with</small>	<input type="checkbox"/> Married/Common-law: Spouse's income as reported on line 150 of most recent tax return forms \$ _____ Number of Dependents _____ <input type="checkbox"/> Single Parent: (having dependent children living with you during your school year) Number of dependent children: _____ Ages of children: _____

I hereby declare that the information submitted on this application is true and accurate to the best of my knowledge and is subject to possible verification. I understand the submission of this application, and meeting minimum admission standards do not guarantee approval of my application, or admission into the program of my choice. I authorize Lakehead University to release my application and registration information to provincial and federal ministries to the extent required by law for statistical purposes and for the issuance of income tax receipts. The information on this form is collected under the authority of section 14 of the Lakehead University Act. The information is used for administration and statistical purposes of the University and/or the Ministries and Agencies of the Government of Ontario and the Government of Canada. Any inquiries about this collection may be directed to the manager, Enrolment Services - Student Awards and Financial Aid, Lakehead University, 955 Oliver Road, Thunder Bay, Ontario P7B 5E1, telephone: (807) 343-8206.

Student Signature:	Date:
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Please return the completed form to:

Enrolment Services Student Central
Lakehead University
955 Oliver Road
Thunder Bay, Ontario
P7B 5E1

OFFICE USE ONLY

Enrolment Services - Student Awards & Financial Aid date
stamp