

Fall Term Bursary Application

Deadline: November 15th

Eligibility: Must be a Canadian citizen or landed immigrant of Canada and be registered full-time in a graduate program. Students on a Study Permit (Student Visa) are not eligible. Students on a time extension are also not eligible.

Successful applicants only will be notified.
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Mr. Ms

Surname

Given Name(s)

Lakehead Student Number: _____

S.I.N.

Local Address: _____

Email:

Program/Department: _____

Year of Graduate Studies: (*please circle*)

Masters

1

2

PhD

1

2

3

4

<input type="checkbox"/> Married/Common Law Number of Children Residing With You:	<input type="checkbox"/> Single With Children Number of Children Residing With You:	<input type="checkbox"/> Single Independent	<input type="checkbox"/> Single Dependent (live with a parent or relative)
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Citizenship:

Canadian Citizen & permanent resident of Ontario (lived in Ontario for at least 12 months in a row)

Landed Immigrant & permanent resident of Ontario. Date Received:

Have you applied for the Ontario Student Assistance Program (OSAP)?

Yes No

If the answer to the above question is "No", explain why:

Number of years owing on Canada/Provincial Student Loans (including this year):

_____ years @ \$ 7,000/yr \$

ADDITIONAL INFORMATION/COMMENTS:

Academic Year Budget (3 terms):				
EXPENSES	Independent	Dependent	RESOURCES	\$
Tuition & Activity Fees (see Calendar)			Savings If no savings declared, explain why.	
Books & Supplies			Graduate Assistantship	
Rent/Mortgage			Internal Awards (including LU scholarships & bursaries, etc.)	
Food/Groceries			External Awards (including NSERC, SSHRC & OGS, OGSST, etc)	
Utilities (including phone, heat, electricity)			Award from Faculty Supervisor	
Miscellaneous (including personal needs, transportation, uninsured dental/medical, prescriptions, clothing, etc.)			Government Income	
Child Care			OSAP (current year only)	
Other Please include any fees caused by funding delays. Please give specific detail, you may add an additional page if necessary.			Other: Specify	
TOTAL EXPENSES			TOTAL RESOURCES	

TOTAL EXPENSES: \$ _____ - (minus) TOTAL RESOURCES: \$ _____ = **YOUR NEED: \$**

I certify that this application is accurate. I am aware that should any inconsistencies come to light, I may be required to repay all or part of any award received. As a condition to receiving an award, I agree to my name, program, and year level being published. As a condition to receiving a privately donated award, I consent to my name being released to the award donor.

Signature of Student: _____ Date: _____

**SUBMIT THIS APPLICATION TO:
Office of Graduate Studies
Lakehead University**

funding.grad@lakeheadu.ca

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 recipients may be made public. The name of each recipient of a privately donated award may be disclosed to the donor(s) of that award. Any questions about the collection, use, and disclosure of this information should be directed to the Manager, Graduate Studies.