

MILITARY FAMILIES FUND-SENS FOUNDATION BURSARY APPLICATION 2009-2010

In appreciation for the outstanding contribution of military members to Canada, the Sens Foundation and sponsors of the Ottawa Senators Canadian Forces Appreciation Night, have generously established the Military Families Fund – Sens Foundation Bursary. This bursary will disburse funds to members and family members registering in full-time Algonquin College post secondary programs.

Qualifications and criteria to be met by applicants applying for the Military Families Fund – Sens Foundation Bursary are listed in the bursary application.

Please complete the Military Families Fund – Sens Foundation Bursary application and return it to:
Diane Cardinal in Financial Aid by September 15, 2009.

If you have any queries, please contact the Algonquin College Bursary Administrator:
Diane Cardinal at 613-727-4723 ext. 5233.

* Please Note: Include with your application a paragraph explaining why you should be the recipient of this bursary.

Deadline to apply: September 15, 2009

Part A: Student Information

Please fill in and tick off applicable information and complete the bursary application form. Incomplete forms will not be considered.

Surname	First Name	SIN	Student #
Address	City, Prov., Postal Code		Telephone #
Name of Program and Campus			

I am a Canadian Citizen.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have retained an Ontario address for one year prior to applying for this bursary.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am a military member	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am a partner or child of a military member	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part B: Student Financial Information

1. Please provide an estimate of your total costs (e.g. tuition, books, living expenses, etc.) for the 2009/2010 fall/winter academic year.			\$
2. Where will you live during the 2009/2010 fall/winter academic year?	<input type="checkbox"/> Home	<input type="checkbox"/> Residence	<input type="checkbox"/> Away from home
3. Do you currently have money saved for your education?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
	If yes, enter amount.		\$
4. Do you expect to save money from employment over the summer 2009?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
	If yes, enter amount.		\$
5. Will you be employed part-time for the 2009/2010 fall/winter academic year?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
	If yes, enter amount of income		\$
6. Have you/do you plan to apply for government student assistance through your province (OSAP) for the 2009/2010 fall/winter academic year?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
	If yes, enter OSAP amount.		\$
7. Will you be receiving any awards/scholarships/bursaries during the 2009/2010 fall/winter academic year?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
	If yes, enter amount.		\$
8. Will you be receiving any government income (e.g. Orphan's Benefits, Employment Insurance, etc.) during the 2009/2010 fall/winter academic year?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
	If yes, enter amount.		\$
9. Will you be receiving financial support from your parents/spouse during the 2009/2010 fall/winter academic year?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
	If yes, enter amount.		\$
10. Will you be receiving financial support from other sources (e.g. student line of credit, Registered Education Savings Plan (RESP), etc.) during the 2009/2010 fall/winter academic year?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
	If yes, enter amount.		\$
11. Are you responsible for your mortgage payments?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

ENTER INFORMATION FOR ONE OF THE FOLLOWING A or B

Part C: Income Information

A. <input type="checkbox"/> Single Student			B. <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Sole Support Parent <input type="checkbox"/> Widowed, Divorced or Separated		
Number of dependents in your family still attending school (including self), or who are disabled: _____ Ages: _____ Number of above attending post-secondary institutions (including self): _____			Number of Dependents: _____ Ages: _____		
Level of Family Income	Mother	Father	Level of Family Income	Self	Spouse
Below \$30,000	<input type="checkbox"/>	<input type="checkbox"/>	Below \$30,000	<input type="checkbox"/>	<input type="checkbox"/>
\$30,000 – \$60,000	<input type="checkbox"/>	<input type="checkbox"/>	\$30,000 – \$60,000	<input type="checkbox"/>	<input type="checkbox"/>
Over \$60,000	<input type="checkbox"/>	<input type="checkbox"/>	Over \$60,000	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the information provided on this application and financial statement is, to the best of my knowledge, true and complete. I am aware that in order to qualify for the Military Families Fund–Sens Foundation Bursary, I must be enrolled as a full-time student in either a diploma or degree program and that the deadline to submit my completed application for fall 2009 is September 15, 2009.

Signature: _____ Date: _____

**Return to: Diane Cardinal, Bursary Administrator, Financial Aid Office,
Algonquin College, Room C225, 1385 Woodroffe Avenue, Ottawa, ON K2G 1V8**

OFFICE USE ONLY:

Diploma Degree

Expenses: _____

Resources: _____