

Business and Professional Women's Club Saskatoon Bursary Application Form 2009-2010 Academic Year

Application Closing Date: Friday, February 5, 2010

PROGRAM DESCRIPTION:

Business and Professional Women's Club Saskatoon Inc. awards an educational bursary each year to a mature woman advancing her career through education and based on need.

WHO IS ELIGIBLE:

- Female undergraduate student
- Mature (over 30)
- Applicants registered in a recognized training and/or educational institution
Full time is considered as follows:
 - undergraduate students, at least 60% per term
 - students with permanent disabilities, a least 40% per term (Applicants completing a 40% course load must provide proof of a permanent disability)

HOW TO APPLY:

Students submitting an application must complete the following:

- A completed, signed and dated application form.
- Proof of full-time registration
- Students with a permanent disability must include one of the following documents:
 - verification of receipt or qualification for federal or provincial assistance for persons with disabilities, or
 - a medical certificate from a licensed medical practitioner e.g. physician or specialist, or
 - a learning disability assessment, or
 - a Verification of Permanent Disability form.

(Note: Medical documentation must be signed and certified by the prescribing medical practitioner.)

Any additional information pertaining to the application can be included on a separate page.

WHERE TO SEND APPLICATIONS AND MAKE INQUIRIES:

All applications, official transcripts, correspondence, and telephone inquiries should be sent to:

Business and Professional Women's Club Saskatoon Inc.
Box 22
Saskatoon, SK S7K 3K1

(306) 966-2585
brockman@edwards.usask.ca

Business and Professional Women's Club Saskatoon Inc.
2009-2010 ACADEMIC YEAR APPLICATION FORM

Please ensure you have read the instructions before completing. Please complete all sections.
 If not applicable, please complete section with N/A.

PLEASE PRINT

A. Personal Information

Name of Applicant:		Birth Date: mm/dd/yy	
Street Address:	Town:	Province:	Postal Code:
Phone/Cell/Pager Number:	Email Address:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Single Parent <input type="checkbox"/> Married/Common-law <input type="checkbox"/> Separated/Divorced (no dependents)			
Number of Dependents: _ Under age 11 __ Under age 19 <input type="checkbox"/> Other _____			
For term of study will your spouse/common-law partner be: <input type="checkbox"/> Employed <input type="checkbox"/> Full time Student <input type="checkbox"/> At Home Caring For Dependent Children <input type="checkbox"/> Other: <input type="checkbox"/> Not Applicable			
For term of study will you be living with a parent/step-parent/sponsor/legal guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No			

B. Education Information (This information is for the 2008-2009 academic year)

Training/educational Institute attending this academic year:	Phone number: ()
Program of studies (<i>include anticipated degree, diploma, etc.</i>):	Length of program:
Please tick the box to indicate what year of your program you are entering at the time of your application:	1 2 3 4 5
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Please indicate the start and finish dates of your term(s) of study for this academic year.	Mo Yr To: Mo Yr
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Courses enrolled in this academic year:	
Please tell us your story confidentially, about how you have come to return to school and the aspects that are creating financial need. How would this bursary help you? Please feel free to attach your story if you need more space.	Write a statement about your career goals:

Sections C And D Must Be Completed.

C. Expenses During 09-10 Academic Year			
Monthly Living Costs:	Amount	One-Time Education Costs:	Amount
Rent/mortgage/residence (also strata fees, taxes, renters/home insurance)		Tuition and required fees for term of study	
Utilities (electricity, gas, water, etc.)		Mandatory books/supplies	
Local transportation (insurance, gas, public transport)		Return transportation (school/home 2 return trips)	
Food		Other (<i>Please Specify</i>):	
Medical/dental premiums and related costs			
Clothing, personal care		C.2. Total One-Time Education Costs:	
Child care		Calculation of Total Expenses:	Amount
Other (<i>Please Specify</i>):		Total monthly living costs (C.1) multiplied by number of months term of study \$ X	
		Total one-time education costs (C.2)	
C.1. Total Monthly Living Costs:		C.3. Total Expenses (C.1 plus C.2)	

D. Income/Financial Resources for 09-10 Academic Year

List income and source of income. Include **all** actual or projected income from: employment earnings (full-time or part-time, net earnings after payroll deductions), co-op or assistantship earnings, employment insurance (EI), income assistance, WCB benefits, disability benefits, family allowance, childcare subsidy, child support, parents/guardians, etc. **Other income** is the total from scholarships, bursaries and merit awards, other sponsored sources, investments, gifts and income from sale of assets.

Applicant Income:	From Mo/Yr	To Mo/Yr	Amount
1.			
2.			
3.			
Other Income (<i>Please attach a detailed list</i>):			
Student Loans (<i>Please attach a detailed list</i>):			
Are you receiving any sponsorship? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount
1.	Tuition/books sponsorship allowance		
2.	Monthly living allowance multiplied by number of months term of study \$	X	
Spouse/Common-Law Partner Income:	From Mo/Yr	To Mo/Yr	Amount
1.			
2.			
3.			
Other Income (<i>Please list</i>):			
Amount in savings account at start of term of study:			
D.1. Total Income/Financial Resources:			

E. Calculation of Request

Total Expenses (C.3)	
Total Income/Financial Resources (D.1)	< - >
Total Need (Expenses minus income)	

Please Read And Sign Below.

F. Declaration

I declare that I need assistance to help finance my education and the information I have provided in this application form is, to the best of my knowledge, true, correct and complete.

Collection and Use of Information. The information collected will be used solely for the purpose of determining eligibility for the BPW Saskatoon Student Bursary. Public announcements may be made indicating the amount of the bursary and the recipient's name. For more information regarding the collection and use of this information, please contact Business and Professional Women's Club Saskatoon.

I understand that the BPW Saskatoon Bursary is taxable income and must be reported to Canada Customs and Revenue Agency for Income Tax purposes.

Signature of Applicant

Date signed

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Submit applications to:**

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Box 22
Saskatoon, SK S7K 3K1