



Lakehead University Student Union Childcare Bursary

PLEASE COMPLETE IN FULL

Personal Information

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Other <input type="checkbox"/> Married		Status in Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student Visa <input type="checkbox"/> Other	
Number of dependent children living with you		Number of dependent children requiring child care	
Last Name/Surname		First Name/Given Name	
Faculty	Student Number	Year of Study	
Expected Date of Graduation (mm/yyyy)	Program/Area of Study	Full Time/Part Time	

Full Physical Address

Expiry date at this address:

(dd/mm/yyyy)

Street Name and Number		Apt #
City	Province	Telephone
Email address (@lakeheadu.ca):		

Mailing Address

Same as physical address

Street Name and Number		Apt #
City	Province	Postal Code

Childcare Information

Name of Daycare Provider		Type of Daycare Required
Telephone	Address of the Daycare	
Postal Code		

Government Assistance (OSAP, Canada Student Loan, or other government assistance)

Have you applied for assistance for the current academic year? Yes No

Have you applied for OSAP/government award? Yes No

Daycare Information

Are you receiving subsidized daycare? Yes No

If not, are you on a waiting list? Yes No

If not, please explain your daycare arrangement.

Employment/Other Income

Summer

Gross Summer Earnings _____

If you were not employed, or were unable to save a reasonable portion of your earnings, please provide details in your “Personal Statement”.

School Year

	Amount	Source	
		LU	Other
Scholarship.	_____	<input type="checkbox"/>	<input type="checkbox"/>
Fellowship, etc.	_____	<input type="checkbox"/>	<input type="checkbox"/>
Grant, Bursary	_____	<input type="checkbox"/>	<input type="checkbox"/>
Teaching/Research Assistantship	_____	<input type="checkbox"/>	<input type="checkbox"/>
Total	_____		

Are you working part-time during the current academic year? Yes No

If not, have you investigated the possibility of part-time employment with the Work-Study Program? Yes No

If no, please explain in your “Personal Statement”.

Budget Outline

Please provide the following budget for the eight month period from September to April of the current academic year:	
Estimated Expenses	Amount \$
Tuition	
Books	
University Residence	
Rent _____ per month	
Utilities _____ per month	
Groceries _____ per month	
Transportation	
Toiletries/personal care	
Childcare	
Telephone/ Internet	
Other (specify) _____	
Other (specify) _____	
Total Expenses	

Married students should indicate their total family income (after tax and other compulsory deductions) and total family expenses.	
Financial Resources/Income	Amount \$
Bank Balance at the beginning of the academic year prior to paying tuition and residence fees	
Net Income from part-time work/Work-Study	
Spouse’s Income (net)	
OSAP or other government student aid	
Child tax credit/GST rebate/orphan’s benefits	
Parental support/ RESO/ support payments	
Grants/ Scholarships/Fellowships/TA/RA	
Assets which can be liquidated	
Other income not declared above (specify)	
Total Income	

Based on the information provided above your calculated financial need is:
Total Income _____ - Total Expenses _____ = Total Need _____

Personal Statement - Provide details to questions from page two of your application in the space provided here.

You may also attach a letter, students who rely on funding programs such as OSAP, or other sources of financial aid must budget realistically in order to meet their educational costs. A financial plan provides an opportunity to evaluate progress and make sound decisions. Please explain how you planned to finance your studies at the beginning of this school year, what happened to change or affect your budget and why you now require assistance.

Students who have unusual or high expenses should explain in detail why these expenses are necessary and how they planned to cover the costs. Please provide documentation to confirm these expenses. In the written submission please be specific of funds needed around childcare costs.

Declaration

I hereby certify that the information provided on this application is, to the best of my knowledge, true and complete, and I authorize the release of the information contained herein to the appropriate Bursary Selection Committee.

Signature

Date (dd/mm/yyyy)