



PLEASE PRINT

STUDENT NO. : _____

Please complete all fields in pen and in legible block letters. Include your McGill Student ID number at the top of each page of this application.

PART 1: APPLICATION INFORMATION

IDENTIFICATION

PREFERRED TITLE: [] MR. [] MS. [] MISS [] MRS. OTHER (PLEASE SPECIFY):

FIRST NAME: LAST NAME:

DATE OF BIRTH YEAR MONTH DAY I AM A: [] CANADIAN CITIZEN [] PERMANENT RESIDENT [] REFUGEE OR PROTECTED PERSON

MAILING ADDRESS

STREET NUMBER, STREET NAME APT

CITY PROVINCE / STATE / COUNTRY POSTAL CODE

DAYTIME TELEPHONE NO. AREA CODE EXT. EVENING TELEPHONE NO. AREA CODE EXT.

MCGILL E-MAIL ADDRESS:

ALTERNATE E-MAIL ADDRESS:

ACADEMIC INFORMATION

PROGRAM ADMITTED TO AND REGISTERED IN AT SCS: ACADEMIC LEVEL OF CURRENT PROGRAM (CREDIT COURSES): [] UNDERGRADUATE [] GRADUATE

ARE YOU A FULL-TIME OR PART-TIME STUDENT? [] FULL-TIME STUDENT (REGISTERED IN AT LEAST 4 COURSES DURING THE WINTER 2021 TERM) [] PART-TIME STUDENT (REGISTERED IN 1-3 COURSES DURING THE WINTER 2021 TERM)

DATE ADMITTED TO PROGRAM: TERM / YEAR EXPECTED DATE OF GRADUATION: TERM / YEAR

BURSARY/AID INFORMATION

If you answer yes to any of the following, list the name(s) of the award/bursary/aid received, the source you received them from, and the date received. Please list any additional awards/bursaries/aid on a separate page at the end of this application.

HAVE YOU RECEIVED ANY AWARDS, SCHOLARSHIPS, OR FELLOWSHIPS IN THE CURRENT OR PAST TWO TERMS? [] YES [] NO

AWARD 1: SOURCE: DATE:

AWARD 2: SOURCE: DATE:

HAVE YOU RECEIVED ANY MCGILL SCS OR OTHER BURSARIES IN THE PAST TWO TERMS? [] YES [] NO

BURSARY 1: SOURCE: DATE:

BURSARY 2: SOURCE: DATE:

HAVE YOU APPLIED FOR GOVERNMENT AID FOR THE CURRENT TERM? [] YES [] NO

HAVE YOU RECEIVED ANY GOVERNMENT AID IN THE CURRENT OR PAST TWO TERMS? [] YES [] NO

AID 1: SOURCE: DATE:

AID 2: SOURCE: DATE:



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RESIDENTIAL INFORMATION DESCRIBE YOUR ACCOMMODATIONS FOR THE CURRENT ACADEMIC YEAR.

I AM LIVING IN (SELECT ONE):

- STUDENT RESIDENCE
- FAMILY (PARENTS' OR RELATIVES') RESIDENCE
- RENTED ACCOMMODATIONS
- SELF- OWNED ACCOMMODATIONS

I AM LIVING (SELECT ONE):

- WITH PARENT(S)
- WITH RELATIVE(S)
- WITH ROOMMATE(S)
- WITH PARTNER
- WITH PARTNER AND DEPENDENTS
- ALONE WITH DEPENDENTS
- ALONE

FAMILY INFORMATION

PLEASE INDICATE YOUR MARITAL STATUS: SINGLE MARRIED/COMMON LAW DIVORCED/SEPARATED WIDOWED

DO YOU HAVE CHILDREN FOR WHOM YOU ARE THE PRIMARY CAREGIVER? YES NO

If yes, provide the following information for all biological or adopted, unmarried children under 18 years of age. Do not indicate children for whom you do not retain primary custody. For additional children, please add their information on a separate page at the end of this application.

	FULL NAME	AGE	NAME OF SCHOOL/DAYCARE	INDICATE PRIVATE/PUBLIC/SUBSIDIZED
CHILD 1:				
CHILD 2:				
CHILD 3:				
CHILD 4:				

OTHER INFORMATION

DO YOU OWN/LEASE A VEHICLE? OWN OWN WITH CAR PAYMENTS LEASE NONE

IF YOU OWN OR LEASE, PLEASE FILL OUT THE: MAKE: _____ MODEL: _____ YEAR: _____

EMPLOYMENT INFORMATION

NOTE: If you are employed at more than one job at the time of application, provide details for all additional jobs on a separate page at the end of this application. If self-employed, write "self-employed" beside employer.

EMPLOYMENT STATUS: FULL TIME PART TIME UNEMPLOYED

IF EMPLOYED, PLEASE INDICATE: EMPLOYER _____
OCCUPATION _____ # OF HOURS/WEEK _____

WILL YOUR SOURCE OF INCOME CONTINUE DURING THE NEXT 4 MONTHS? YES NO

IF UNEMPLOYED, PLEASE INDICATE: WHAT WAS THE END DATE OF YOUR LAST EMPLOYMENT? (MONTH/YEAR) _____
WILL YOU HAVE A SOURCE OF EMPLOYMENT IN THE NEXT 4 MONTHS? YES NO

SPOUSE'S INFORMATION (IF APPLICABLE)

FIRST NAME: _____ DATE OF BIRTH: _____
YEAR MONTH DAY

LAST NAME: _____
ADDRESS: STREET NUMBER, STREET NAME CITY PROVINCE/STATE/COUNTRY POSTAL CODE

EMPLOYMENT STATUS: FULL TIME PART TIME UNEMPLOYED

IF EMPLOYED, PLEASE INDICATE: EMPLOYER _____
OCCUPATION _____
CITY PROVINCE/STATE/COUNTRY
WORK LOCATION _____

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PART 2: FINANCIAL PROFILE		
FINANCIAL PROFILE - RESOURCES		ANNUAL AMOUNT
TOTAL INCOME FROM NOTICE OF ASSESSMENT 2019 (EITHER FROM CANADA REVENUE OR REVENUE QUEBEC)		
GROSS ANNUAL EMPLOYMENT INCOME	INCLUDE ALL INCOME FROM FULL-TIME, PART-TIME, OR SELF-EMPLOYMENT, TIPS, SEVERANCE PAY, INCOME RECEIVED DURING TRAINING.	APPLICANT'S TOTAL (GROSS) INCOME EARNED IN CANADA
		APPLICANT'S TOTAL (GROSS) INCOME EARNED OUTSIDE CANADA
		SPOUSE'S TOTAL (GROSS) INCOME EARNED IN CANADA
		SPOUSE'S TOTAL (GROSS) INCOME EARNED OUTSIDE CANADA
ALL OTHER INCOME	INCOME/ASSISTANCE RECEIVED FROM PARENTS/RELATIVES	
	INVESTMENT INCOME	
	GOVERNMENT INCOME (CSST, FAMILY ALLOWANCE, SOCIAL ASSISTANCE, EMPLOYMENT INSURANCE, INDIAN AND NORTHERN AFFAIRS ALLOWANCE, ORPHAN'S BENEFITS, ETC.)	
	CHILD- CARE ASSISTANCE (RECEIVED FROM PARENTS, GOVERNMENT AID, SUPPORT PAYMENTS, ETC.)	
STUDENT AID	AWARDS, SCHOLARSHIPS, FELLOWSHIPS (RECEIVED IN THE LAST YEAR)	
	BURSARIES, GOVERNMENT AID (RECEIVED IN THE LAST YEAR)	
ASSETS	PERSONAL SAVINGS	
	PERSONAL OR STUDENT LINE OF CREDIT AVAILABLE	
	OTHER RESOURCE(S) (PLEASE SPECIFY):	
		TOTAL RESOURCES:
FINANCIAL PROFILE - EXPENSES		ANNUAL AMOUNT
DEBT	BANK LOAN / LINE OF CREDIT PAYMENTS	
	STUDENT LOAN PAYMENTS	
	CREDIT CARD PAYMENTS (EXCLUDING LOANS)	
	OTHER DEBT(S) (PLEASE SPECIFY - INCLUDE LOANS):	
STUDENT EXPENSES	TUITION & FEES	
	BOOKS (TEXTBOOKS, COURSE NOTES)	
HOUSEHOLD EXPENSES	RENT/MORTGAGE PAYMENTS	
	INSURANCE (HOME/LIFE/CAR)	
	UTILITIES (ELECTRICITY, HEAT, LAUNDRY)	
	FOOD	
	CLOTHING	
	TELEPHONE/CELL	
	INTERNET	
TRANSPORTATION EXPENSES	TRANSPORTATION	
	TRAVEL	
CHILDCARE EXPENSES	DEPENDENTS' DAYCARE/SCHOOL	
	CHILD SUPPORT PAYMENTS (IF NOT THE PRIMARY CAREGIVER)	
	ENTERTAINMENT	
	OTHER EXPENSE(S) (PLEASE SPECIFY):	
		TOTAL EXPENSES:
		ANNUAL TOTAL (RESOURCES - EXPENSES):

PLEASE PRINT**STUDENT NO. :** _____**PART 3: LETTER OF INTENT****PLEASE ATTACH A PERSONAL STATEMENT TO THIS APPLICATION ANSWERING EACH OF THE QUESTIONS BELOW AND FOLLOWING THE STATED GUIDELINES.****LETTER OF INTENT GUIDELINES**

- Your personal statement must be typed and reflect your own personal situation.
- Answer each question in your own words and in numbered paragraph format. Any plagiarism of the letter will automatically disqualify a candidate's application.
- Each answer should not exceed 250 words.
- Your letter of intent must not exceed two printed pages.

YOUR LETTER OF INTENT MUST ANSWER THE FOLLOWING QUESTIONS:

1. In your opinion, what makes you a deserving candidate for a bursary at SCS?
2. What efforts are you making to cope with your financial situation?
3. What are your intentions regarding your future studies and employment?
4. Describe any relevant details (personal, work/career, family, special circumstances, etc.) that you think the SCS selection committee should take into account when reviewing your application.

PART 4: CONFIRMATION OF APPLICATION**ACCURACY OF INFORMATION**

By submitting this application, I affirm that all of the information I am providing is correct and has been completed to the best of my knowledge. If the information submitted in this application is found to be false or intentionally misrepresented, I understand that I may be required to repay any bursary funding received and/or be barred from future bursary applications. In addition, I pledge to fulfill all reporting requirements if I am awarded a bursary.

 I AGREE I DISAGREE**APPLICANT'S SIGNATURE**

RESERVED FOR CLIENT SERVICES

APPLICANT'S PRINTED NAME_____
APPLICANT'S SIGNATURE_____
DATE (YEAR, MONTH, DAY)**ACCURACY OF INFORMATION/CONFIDENTIALITY**

All information collected with your bursary application will be used solely for the purposes of evaluating your eligibility and need for a bursary, unless otherwise expressed.