

**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:	<input type="checkbox"/> MR.	<input type="checkbox"/> MS.	<input type="checkbox"/> MISS	<input type="checkbox"/> MRS.	OTHER (PLEASE SPECIFY):
FIRST NAME:			LAST NAME:		
DATE OF BIRTH	YEAR	MONTH	DAY	I AM A: <input type="checkbox"/> CANADIAN CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> REFUGEE OR PROTECTED PERSON	

**MAILING ADDRESS**

STREET NUMBER, STREET NAME				APT	
CITY		PROVINCE / STATE / COUNTRY		POSTAL CODE	
AREA CODE		EXT.		AREA CODE EXT.	
DAYTIME TELEPHONE NO.			EVENING TELEPHONE NO.		
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):	<input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> GRADUATE
ARE YOU A FULL-TIME OR PART-TIME STUDENT?	<input type="checkbox"/> FULL-TIME STUDENT (REGISTERED IN AT LEAST 4 COURSES DURING THE CURRENT TERM) <input type="checkbox"/> PART-TIME STUDENT (REGISTERED IN 1-3 COURSES DURING THE CURRENT 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?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
AWARD 1:	SOURCE:	DATE:		
AWARD 2:	SOURCE:	DATE:		
HAVE YOU RECEIVED ANY MCGILL SCS OR OTHER BURSARIES IN THE PAST TWO TERMS?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
BURSARY 1:	SOURCE:	DATE:		
BURSARY 2:	SOURCE:	DATE:		
HAVE YOU APPLIED FOR GOVERNMENT AID FOR THE CURRENT TERM?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU RECEIVED ANY GOVERNMENT AID IN THE CURRENT OR PAST TWO TERMS?			<input type="checkbox"/> YES	<input type="checkbox"/> 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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**STUDENT NO. :** \_\_\_\_\_

**PART 2: FINANCIAL PROFILE**

**FINANCIAL PROFILE - RESOURCES**

**ANNUAL AMOUNT**

TOTAL INCOME FROM LATEST NOTICE OF ASSESSMENT (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):		
<b>TOTAL RESOURCES:</b>			

**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):		
<b>TOTAL EXPENSES:</b>			
<b>ANNUAL TOTAL (RESOURCES - EXPENSES):</b>			

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**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**

\_\_\_\_\_  
APPLICANT'S PRINTED NAME

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (YEAR, MONTH, DAY)

RESERVED FOR CLIENT SERVICES

**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.