

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

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):

 UNDERGRADUATE
 GRADUATE

ARE YOU A FULL-TIME OR PART-TIME STUDENT?

 FULL-TIME STUDENT (REGISTERED IN AT LEAST 4 COURSES DURING THE WINTER 2023 TERM)
 PART-TIME STUDENT (REGISTERED IN 1-3 COURSES DURING THE WINTER 2023 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 PARTNER AND DEPENDENTS
WITH RELATIVE(S) ALONE WITH DEPENDENTS
WITH ROOMMATE(S) ALONE
WITH PARTNER

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.

Table with 5 columns: CHILD, FULL NAME, AGE, NAME OF SCHOOL/DAYCARE, INDICATE PRIVATE/PUBLIC/SUBSIDIZED. Rows for CHILD 1, 2, 3, 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 2021 (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.