



APPLICATION FORM
SAANICH EMPLOYEES BENEFIT ASSOCIATION AWARD

PERSONAL INFORMATION
Name:
Mailing Address:
Email:
Student No.
EDUCATION INFORMATION
Department: Degree: Year:

Unique Scholarship Criteria:

- I am a member of the Saanich Employees Benefit Association (SEBA)
I am a dependant of a Saanich Employees Benefit Association (SEBA) member:
Name of member
I have attached a financial need assessment form

Signature

Date

Please email this signed form and the financial need form to fgsgradawards@uvic.ca by June 15th. Award selection will be made in the fall and payment will be made at the start of November for successful recipients.

General Financial Need Assessment

Please complete this form by entering the requested information. You do not need to do any calculations, those will be done by a scholarship officer using the information you provided. No supporting financial documents are required. Submit this form along with the related scholarship application to Yvonne Rondeau, Scholarship Officer in the Faculty of Graduate Studies, University Centre A207. For questions or assistance contact Yvonne at scholoff@uvic.ca

Name: _____ **V#:** _____

Academic Unit: _____ **Degree Program:** _____

The expenses and resources I am reporting are for a period of (please check one):

1 term/4 months 2 terms/8 months 3 terms/12 months

Educational Expenses	
Tuition:	\$
Books:	\$
Supplies:	\$
Total Educational Expenses:	\$
Monthly Living Expenses	
Rent/Mortgage:	\$
Food & Supplies (laundry, deodorant, etc.)	\$
Utilities:	\$
Transportation:	\$
Entertainment:	\$
Medical/Dental/Optical:	\$
Child Care:	\$
Other:	\$
Total Monthly Living Expenses:	\$
Educational Resources	
Savings:	\$
Awards (Scholarship & Bursaries):	\$
Student Loans/Grants (estimate if not sure)	\$
Parental Contribution Lump Sum:	\$
Total Educational Resources:	\$
Monthly Income	
Employment income full- or part-time work:	\$
Social Assistance:	\$
Workers Compensation:	\$
Sponsorships:	\$
Orphan's Benefits/ CPP:	\$
Parental Contribution Monthly:	\$
Spouse's Income:	\$
Child Care Subsidy:	\$
Other:	\$
Total Monthly Income:	\$

Read the information below, check the box, and sign to indicate your consent to share this information with the Faculty of Graduate Studies.

I acknowledge and authorize the disclosure of the above financial information to the Faculty of Graduate Studies for the purpose of financial assessment for this scholarship. I confirm that the information provided is true and complete to the best of my knowledge.

Applicant Name (print): _____

Signature: _____