



**APPLICATION FORM**

**SHEILA RYAN AND EILEEN RYAN AWARD IN CHILD AND YOUTH CARE**

One or more awards are given to undergraduate or graduate students in the School of Child and Youth Care, with preference to students who have demonstrated financial need. Undergraduate students will apply through the online application via My Page. Graduate student applications must be submitted to the Faculty of Graduate Studies by June 15. Approval of undergraduate recipient(s) will be made by the Senate Committee on Awards. Approval of graduate recipient(s) will be made by the Faculty of Graduate Studies Graduate Awards Committee upon the recommendation of the School of Child and Youth Care.

PERSONAL INFORMATION		
Name:		
Mailing Address:		
Email:		
Student No.		
EDUCATION INFORMATION		
Department:	Degree:	Year:
UNIQUE SCHOLARSHIP CRITERIA		
Applicants must also show evidence of financial need; please complete the General Financial Need Assessment (page 2).		

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*Please return this signed form to the Office of the Dean of Graduate Studies, University Centre, Room A207, by June 15<sup>th</sup> attention to Scholarship Officer. You may also email your application to [fgsschol@uvic.ca](mailto:fgsschol@uvic.ca).*

## 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](mailto: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

<b>Educational Expenses</b>	
Tuition:	\$
Books:	\$
Supplies:	\$
<b>Total Educational Expenses:</b>	<b>\$</b>
<b>Monthly Living Expenses</b>	
Rent/Mortgage:	\$
Food & Supplies (laundry, deodorant, etc.)	\$
Utilities:	\$
Transportation:	\$
Entertainment:	\$
Medical/Dental/Optical:	\$
Child Care:	\$
Other:	\$
<b>Total Monthly Living Expenses:</b>	<b>\$</b>
<b>Educational Resources</b>	
Savings:	\$
Awards (Scholarship & Bursaries):	\$
Student Loans/Grants (estimate if not sure)	\$
Parental Contribution Lump Sum:	\$
<b>Total Educational Resources:</b>	<b>\$</b>
<b>Monthly Income</b>	
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:	\$
<b>Total Monthly Income:</b>	<b>\$</b>

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:** \_\_\_\_\_