## **Budget for Bursary Application:**

• All students wishing to apply for bursaries available through the on-line process must complete this budget form for the relevant period and submit it along with a copy of their full-time Canadian/Provincial government student loan assessment.

Family name:  Level of Study:  Study Period Dates (select only one!):  May – August  September – December  Januar	mber – April	Student Number:  Marital Status: Single Married/Common-Lav Is your spouse a student at UVic?: Yes No Name of Spouse  Number of dependent children living with you:	v —	
Education Expenses		Education Resources		
Tuition & Fees		Savings		
Books		Awards (Scholarships & Bursaries)		
Supplies & Other Expenses		Fellowships/Research Grants		
Thesis/Dissertation binding		Student Loan & Grant		
Education Expenses (A)		Education Resources (C)		
Monthly Expenses		Monthly Income		
Housing (rent or mortgage)		Part-time earnings		
Food		Work-Study or Co-op earnings		
Utilities		Assistantships (TA & RA)		
Household (laundry, cleaning)		Sponsorship		
Transportation		Child Care Subsidy		
Entertainment		Orphan's Benefits/CPP		
Medical/Dental/Optical		Net Spouse's Income (from all sources)		
Child Care Costs before subsidy		Family Contribution (parents or other family members)		
Other (specify)		Other (specify)		
=Total Monthly Expenses		=Total Monthly Income		
X number of Months		X Number of Months		
Equals total living expenses (B)		Equals total Income (D)		
Total Education Expenses (A) + (B) =		Total Education Resources (C) + (D) =		
Total Education Expenses minus Total Education Resources = Financial Need				
EXPENSES minus RESOURCES equals \$ FINANCIAL NEED				

## Declaration

I hereby declare that all information given above is complete and true in every respect, and that I have answered all questions applicable to me on this form and that the bursary is essential for me to continue my education. I further declare that I am willing to submit all statements for independent verification and audit and that I will submit any documentation necessary to substantiate my claimed expenses. Furthermore, I agree that if my circumstances change, the bursary may be rescinded.

Signature:	Date: