Bursary Application

Please complete, print, and remit this form to the Student Residences Administration Office located in the Arthur Mauro Residence. The application deadline is December 21, 2018.

Bursary applications will be reviewed as they are received and successful applicants will be notified accordingly. Funds will be awarded during the academic year only and will be applied to either the first or second term residence payment only. Annual funds are limited, so not all applicants demonstrating financial need, will be awarded with funds.

Incomplete applications will **not** be eligible for bursary consideration.

---

University of Manitoba Student number _____________________

Name __________________________________________________________________________
(First name) ____________________________________________________________________
(Middle name) __________________________________________________________________
(Last name) _____________________________________________________________________

Telephone number: __________________________ Email Address: __________________________


If married, is your spouse: ☐ Part-time student  ☐ Full-time student  ☐ Not a student  ☐ Employed  ☐ Unemployed

---

**BUDGET FOR THE SCHOOL YEAR (September 5, 2018– April 30, 2019)**

<table>
<thead>
<tr>
<th>Expenses</th>
<th>$ Total</th>
<th>Resources</th>
<th>$ Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition cost for both terms <em>including health insurance</em></td>
<td></td>
<td>Parental Contribution</td>
<td></td>
</tr>
<tr>
<td>Books &amp; Supplies/Equipment</td>
<td></td>
<td>Your current employment &amp; all other income <em>(do not include amounts already included in the following fields)</em></td>
<td></td>
</tr>
<tr>
<td>Residence Fees (incl. mandatory meal fees)</td>
<td></td>
<td>Student Loans</td>
<td></td>
</tr>
<tr>
<td>Telephone <em>(cell)</em></td>
<td></td>
<td>Trust Funds / Bonds / RESP</td>
<td></td>
</tr>
<tr>
<td>Food (groceries)- AVM Students</td>
<td></td>
<td>Previous savings</td>
<td></td>
</tr>
<tr>
<td>Clothing</td>
<td></td>
<td>Summer savings <em>(Please estimate)</em></td>
<td></td>
</tr>
<tr>
<td>Transportation <em>(car/bus costs, please indicate)</em></td>
<td></td>
<td>Band sponsorship</td>
<td></td>
</tr>
<tr>
<td>Entertainment &amp; dining out</td>
<td></td>
<td>Bank loan / Line of Credit</td>
<td></td>
</tr>
<tr>
<td>Laundry</td>
<td></td>
<td>Government Income/Grant <em>(I.e. Family allowance, Orphan’s benefit, etc.)</em></td>
<td></td>
</tr>
<tr>
<td><em>Do not list your UM health and dental plan costs if they already have been calculated in your tuition.</em></td>
<td>Scholarship / Bursary / Graduate Fellowships</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance(s)</td>
<td></td>
<td>Income tax rebate <em>(estimate)</em></td>
<td></td>
</tr>
<tr>
<td>Other <em>(Please specify what this is for, i.e. cable, dependants)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL $**  

**TOTAL $**

**Deficit** (Expenses - Resources) = $_______________
1. What is your primary source of funding for tuition and residence this year?
____________________________________________________________________________________________
____________________________________________________________________________________________

2. Why is living in Residence important to you?
____________________________________________________________________________________________
____________________________________________________________________________________________

3. Where would you live if you were not in residence?
____________________________________________________________________________________________
____________________________________________________________________________________________

4. Are you an International Student?  Yes  No

5. Are you an International College of Manitoba student?  Yes  No

6. If you are a domestic student, where does your family reside?
____________________________________________________________

READ THIS BEFORE YOU SIGN BELOW:  I hereby declare that all the above information is complete and true in every respect, and that financial assistance is essential for me to continue my education.  All information is mine alone and if not, any award money received, if applicable, is forfeit.  I also consent to full access to my student records.  (This personal information is being collected under the authority of The University of Manitoba Act. It will be used for the purposes of assessment of financial need and will not be used for public and / or university publication purposes.)

Signature of Applicant ________________________________ Date __________________________