



Financial Statement

College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador, and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). The college's Student Services Department and the Alumni & Advancement Office are collecting your personal information to process the scholarship application. The personal information you provide may be disclosed to the donor. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the Provincial Awards Chairperson at 709-643-7880. For more information about the ATIPPA please visit www.cna.nl.ca/about/atippa.asp.

| | |
|-------------|---|
| NOTE | The more accurate and detailed information you provide, the better your need can be assessed. If a section is not applicable to you, please put "N/A" in that section. Incomplete applications will not be processed. |
|-------------|---|

STUDENT INFORMATION

| | | | |
|---------------------|-------------------------------|----------|---|
| Student's Last Name | First | Middle | Age |
| Student Number: | Campus: | Program: | Year: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd |
| Permanent Address: | | | |
| Local Address: | | | |
| | Primary phone number: () | | |
| | Alternate phone number: () | | |

Note: You are considered an Independent student if you:

- Have been out of high school for four (4) years OR
- Have been out of high school for two (2) years or two (2) periods of 12 consecutive months in which you have not been attending a post-secondary institution full time OR
- Are married, common law, separated, widowed or a single parent

If the above does not apply then you are considered a Dependent Student and must complete the following section

IF YOU ARE DEPENDENT ON (OR LIVING WITH) PARENTS/GUARDIANS, COMPLETE THE FOLLOWING SECTION

| | | |
|--|-------------|--|
| Father's/Guardian's Name: | Occupation: | Employment status: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Seasonal |
| P.O. Box/Street: | City/Town: | Province: Postal Code: |
| Mother's/Guardian's Name: | Occupation: | Employment status: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Seasonal |
| P.O. Box/Street: | City/Town: | Province: Postal Code: |
| Parents'/Guardians' Combined Net Income: | \$ | Number of dependents attending post-secondary (including applicant): |

IF YOU ARE MARRIED/Common-LAW, COMPLETE THE FOLLOWING SECTION

| | | |
|----------------------|-------------|--|
| Spouse's Name: | Occupation: | Employment status: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Seasonal |
| P.O. Box/Street: | City/Town: | Province: Postal Code: |
| Spouse's Net Income: | \$ | |

IF YOU HAVE DEPENDENTS, COMPLETE THE FOLLOWING SECTION

| Name (First Name and Last Name) | Relationship to Applicant | Age |
|---------------------------------|---------------------------|-----|
| | | |
| | | |



STATEMENT OF FINANCIAL NEED

Financial need will be determined from the budget below. The Newfoundland Student Aid brochure may be used as a guide regarding educational costs and available resources (www.ed.gov.nl.ca/studentaid)

The Estimated Resources Section and Estimated Expenses MUST be completed. If a section is not applicable to you, please put “Ø” in that section.

PLEASE ENSURE TOTALS ARE INSERTED FOR RESOURCES/EXPENSES COLUMNS. INCOMPLETE FORMS WILL NOT BE CONSIDERED.

Estimated costs **MUST** be stated by a 15-week semester (i.e. Rent at \$100 per week must be stated as \$1500)

Recommend to use Fall Semester expenses

| Estimated Resources | | Estimated Expenses | |
|--|---|---|---|
| Amount based on 15 week semester | Amount Per Semester | Amount based on 15 week semester (Recommend to use Fall Semester) | Amount Per Semester |
| Personal Contribution (per semester) | | College Expenses (per semester) | |
| 1 | Savings: Financial Investments (i.e.: GIC’s, Bonds, RESP, RRSP, etc.) | 18 | Tuition/Fees (i.e.: grad fees, exam fees, confirmation fee, certification fees, etc.) |
| 2 | Income from employment while attending school (during a 15 week semester) | 19 | Books |
| 3 | 15 week income from investments, rental property , etc. | 20 | Equipment and Supplies |
| 4 | EI benefits per semester while studying | 21 | Field Trips |
| 5 | Funding (i.e.: AES, First Nations). Specify agency: _____ | 22 | Health & Dental Insurance |
| Canada Student Assistance (per semester) | | Transportation Expenses (per semester) | |
| 6 | Provincial Grant (per semester) | 23 | Transportation – local: (i.e. bus pass / taxi / car pool/ car payment) |
| 7 | Canada Student Grant (per semester) | 24 | Transportation- personal: (i.e. gas / insurance) |
| 8 | Bursaries, Scholarships, and Awards | 25 | Other(i.e. maintenance)_____ |
| 9 | Tuition Vouchers (SWASP, etc.) | Living Expenses (per semester) | |
| 10 | Other income: (i.e.: CPP, Pension Benefits etc.) _____ | 26 | Rent or Mortgage - Room / Apartment |
| Debt-Related Resources (per semester) | | 27 | Food/ Meal Plan |
| 11 | NL Student Loan (per semester) | 28 | Utilities (i.e. Heat & Lights) |
| 12 | Canada Student Loan (per semester) | 29 | Telephone / Internet |
| 13 | Credit Card/Bank Loan/Student Line of Credit | 30 | Child Care |
| 14 | Other (please, specify): _____ | 31 | Incidentals (specify:_____) |
| Other Contributions (per semester) | | Other Expenses (per semester) | |
| 15 | Contributions from parents/guardians | 32 | Other (i.e. medical cost not covered under insurance plan) _____ |
| 16 | Contributions from spouse | 33 | Other(please, specify): _____ |
| 17 | Other income:_____ | | |
| ADD 1 – 17 to show Total Resources Per Semester | | ADD 18 – 33 to show Total Expenses Per Semester | |
| | \$ | | \$ |

Please provide information on any special circumstances that you feel should be considered that are not reflected in the financial statement:

I hereby make the following declaration:

1. I have answered all questions, which are applicable to me, and the answers given by me are true.
2. I shall be a full-time student for the academic year/semester in which this application is made.
3. Financial assistance is essential to enable to continue my education.
4. I have stated my financial situation based on a 15 week period.

Permission is hereby granted for the Awards Committee to obtain any further information required from appropriate individuals or agencies.

Signature of Applicant

Date