



COVID-19 Bursary Application

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 COVID-19 Assessment Committee at 643-7880. For more information about the ATIPPA please visit www.cna.nl.ca/about/atippa.asp.

NOTE	<p>If approved, funding will be processed through Electronic Funds Transfer and you will need to submit a void cheque, or payroll direct deposit instructions, available through your online banking institution with you your application.</p> <p>Please download the form, complete fully, save and send to angela.leroy@cna.nl.ca.</p> <p>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.</p> <p>Incomplete applications will not be processed.</p>			
1. 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 <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	
Permanent Address:				
Local Address:				
Email:	College Email address: _____ Personal Email address: _____			
Telephone	Primary phone number: ()		Alternate phone number: ()	

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

Name of Parent/ Guardian #1		Occupation:		Employment status: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	
P.O. Box/Street:	City/Town:		Province:	Postal Code:	
Name of Parent/Guardian #2		Occupation:		Employment status: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	
P.O. Box/Street:	City/Town:		Province:	Postal Code:	
Parent/ Guardian #1 Annual Net Income (after taxes): \$		Number of dependents attending post-secondary (including applicant):		Parent/ Guardian #2 Annual Net Income (after taxes): \$	

3. 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 <input type="checkbox"/> Unemployed	
P.O. Box/Street:	City/Town:		Province:	Postal Code:	

Spouse's Annual Net Income (after taxes): \$

4. IF YOU HAVE DEPENDENTS, COMPLETE THE FOLLOWING SECTION

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

WHAT CATEGORY OF NEED WILL THIS AID PRIMARILY SUPPORT (CHECK 1)	
Food	
Shelter	
Unanticipated medical costs not covered through health plans	

ANSWER YES OR NO IN THE BOX PROVIDED	
Are you currently working?	
Did you work in Canada and earn over \$5000 in the last 12 months?	
Are you eligible for COVID-19 Emergency Funding (CERB)?	
Are you eligible for the COVID-19 Emergency Student Funding (CESB)?	
Did you receive a Canada or NL Government student loan for 2019-2020?	

COVID-19 BURSARY APPLICATION

The Estimated Resources Section and Estimated Expenses MUST be completed. If a section is not applicable to you, please put "Ø" in that section. **You may be required to show documentation of expenses.
PLEASE ENSURE TOTALS ARE INSERTED FOR RESOURCES/EXPENSES COLUMNS.
INCOMPLETE FORMS WILL NOT BE CONSIDERED.**

Estimated Resources		Estimated Expenses	
Amount based on 6 weeks (March 16 – April 30, 2020)	Amount	Amount based on 6 weeks (March 16 – April 30, 2020)	Amount
To determine the last 6 weeks please take the total and divide by 16 and times by 6 (Ex: Student Loan for winter semester is \$4000 / 16 = \$250 x 6 = \$1500)		To determine the last 6 weeks please take the total and divide by 16 and times by 6 (Ex: Books for winter semester is \$600 / 16 = \$37.50 x 6 = \$225.00)	
Personal Contribution		College Expenses	
1	Savings: Personal savings & RESP 6 weeks (March 16 – April 30, 2020)	18	Tuition/Fees (i.e.: grad fees, exam fees, confirmation fee, certification fees, etc.) 6 weeks (March 16 – April 30, 2020)
2	Income from employment while attending school 6 weeks (March 16 – April 30, 2020)	19	Books 6 weeks (March 16 – April 30, 2020)

3	El benefits 6 weeks (March 16 – April 30, 2020)		20	Equipment and Supplies 6 weeks (March 16 – April 30, 2020)	
4	Funding (i.e.: AES, First Nations). Specify agency: _____				
5	Other income: (i.e.: investments, rental property, etc.) _____				
Student Assistance			Transportation Expenses		
6	Provincial Student Grant 6 weeks (March 16 – April 30, 2020)		21	Transportation – Private vehicle owner 6 weeks (March 16 – April 30, 2020)	
7	Federal Student Grant 6 weeks (March 16 – April 30, 2020)		22	Transportation – Public (ie: Bus pass/taxi/carpool) 6 weeks (March 16 – April 30, 2020)	
8	Bursaries, Scholarships, and Awards		23	Vehicle Maintenance 6 weeks (March 16 – April 30, 2020)	
9	Tuition Vouchers (SWASP, etc.)		Living Expenses		
10	Other income: (i.e.: CPP, Pension Benefits etc.) _____		24	Rent or Mortgage - Room / Apartment 6 weeks (March 16 – April 30, 2020)	
Debt-Related Resources			25	Food/ Meal Plan 6 weeks (March 16 – April 30, 2020)	
11	Provincial Student Loan 6 weeks (March 16 – April 30, 2020)		26	Utilities (i.e. Heat & Lights) 6 weeks (March 16 – April 30, 2020)	
12	Federal Student Loan 6 weeks (March 16 – April 30, 2020)		27	Telephone 6 weeks (March 16 – April 30, 2020)	
13	Credit Card/Bank Loan/Student Line of Credit 6 weeks (March 16 – April 30, 2020)		28	Internet 6 weeks (March 16 – April 30, 2020)	
14	Other (please, specify): _____		29	Child Care 6 weeks (March 16 – April 30, 2020)	
Other Contributions			Other Expenses		
15	Contributions from parents/guardians 6 weeks (March 16 – April 30, 2020)		30	Other medical cost (not covered under insurance plan) _____ 6 weeks (March 16 – April 30, 2020)	

16	Contributions from spouse 6 weeks (March 16 – April 30, 2020)		31	Other (please specify): _____	
17	Other income: _____		32	Other (please specify): _____	
ADD 1 – 17: Total Resources		\$	ADD 18 – 32: Total Expenses		\$
Please provide information on any special circumstances that you feel should be considered that are not reflected in the financial statement:					
<p>I hereby make the following declaration:</p> <ol style="list-style-type: none"> 1. I have answered all questions, which are applicable to me, and the answers given by me are true. 2. I shall be a part time / full-time student for the academic year/semester in which this application is made. 3. I have stated my financial situation 6 weeks (March 16 – April 30, 2020) <p>Permission is hereby granted for the COVID-19 Assessment Committee to obtain any further information required from appropriate individuals or agencies.</p>					

Signature of Applicant

Date