Summary of Important Information and Instructions:

1. You will be notified via Seneca email regarding the status of your application.
2. You can only apply once per semester.
3. If you are ineligible or your application is denied, you will be responsible for payments of your tuition fees.
4. Before we can award your bursary, please make sure you show proof of your social insurance number (social insurance card or notice of assessment) along with a valid government photo ID to the Financial Aid Office.

Eligibility Criteria:

You may be eligible for an Institution-Funded Special Bursary at Seneca if:

1. You are a Canadian citizen, permanent resident, or Protected Person;
2. Your family income is below the threshold for a given family size;
3. You are registered for an English as a Second Language (ESL) course(s) or Academic Upgrading courses;
4. Your study period is at least four weeks in length;
5. It must be the first time you are pursuing Post-Secondary studies and have valid reason for attending on a Part-time basis. You are considered part-time if you are enrolled in courses that constitute less than 60% of a full course load. If you are a student who has a permanent disability and are studying at between 40% and 60% of a full course load you can choose to be treated as full or part-time. If you choose to be considered part-time, you are eligible to apply for the Institution Special Bursary (ISBP).

Maximum Funding:

The maximum you can receive any given academic year is $2500.

Deadline:

It is your responsibility to ensure that your application and supporting documents are submitted before the deadline. Otherwise, your application will be denied.

The deadline is 30 days after your earliest first day of classes. Example:

- Course # 1 starts September 9th
- Course # 2 starts September 10th.

  Deadline will be: October 9th.

Maintaining Eligibility:

Students must successfully complete all courses funded through this program.
If you fail to do so, you must successfully complete one term funded through your own resources, in order to be eligible for this bursary again.

Supporting Documentation:

For All Students:

1. Proof of income: Photocopy of your last pay stub, a letter from your employer, or a letter explaining how you meet all your expenses and supporting documents (in case you are not reporting any income).
2. If applicable: Photocopy front and back of your permanent resident card or protected person status document.

For Married Students:

1. Photocopy of marriage certificate. (English or official English translation is required)
2. If applicable photocopy of child(ren) birth certificate. (English or official English translation is required)

For Sole Support Students:

1. Photocopy of child(ren) birth certificate. (English or official English translation is required)
2. Photocopy of your separation/divorce agreement, showing that your child(ren) are living with you on full time basis. If you have never been married, you must provide an affidavit confirming that your child(ren) will be residing with you full-time during your study period and the birthdates of those children.

For Separate or Divorce Students with No Children:

1. Photocopy of your separation or divorce agreement.

TO BE DUPLICATED ONLY BY THE OFFICE OF THE REGISTRAR.

Seneca Institution-Funded Special Bursary

Seneca POLYTECHNIC

SECTION 1: PERSONAL INFORMATION

Student Number: ____ – ____ – ____

Applications which have not been submitted by the deadline and with all required supporting documentation, will be denied.

Last Name: _____ First Name: _____

Date of Birth: ____ (Month) – ____ (Day) – ____ (Year) Academic Year: ____ – ____

Street Address: _____ Apt./Unit No. _____

City/Town: _____ Province: _____ Postal Code: _____

Home Telephone Number:

____ (Area Code) ____ – ____

Gender:
- ❑ Male
- ❑ Female

Citizenship Status:
- ❑ Canadian Citizen
- ❑ Permanent Resident/Protected Person

Marital Status: ❑ Single ❑ Married/Common-law ❑ Divorced/Separated/Widowed ❑ Sole Support Parent ❑ Widowed

Name and Address of Spouse: _____

Number of children 11 years and younger that you and your spouse (if applicable) support: _____ (attach proof)

Number of children 12 years and older that you and your spouse (if applicable) support: _____

Do you receive subsidized child care?
- ❑ Yes
- ❑ No

SECTION 2: EMPLOYMENT INFORMATION

Your Current Employment Status: ❑ Full-Time ❑ Part-Time ❑ Self-Employed ❑ Unemployed

If unemployed, list source(s) of government income/support (e.g. Ontario Works, Ontario Disability Support Programs, Employment Insurance, etc.)

→ _____

Spouse's Current Employment Status: ❑ Full-Time ❑ Part-Time ❑ Self-Employed ❑ Unemployed

If unemployed, list source(s) of government income/support (e.g. Ontario Works, Ontario Disability Support Programs, Employment Insurance, etc.)

→ _____

SECTION 3: INCOME INFORMATION *(Attach Proof of Income)*

Type of government income you expect to receive during your program of study:
- ❑ Employment and Training Allowance
- ❑ Employment Insurance
- ❑ Loss of Earnings Benefits (WSIB)
- ❑ Ontario Works
- ❑ Ontario Disability Support Program
- ❑ Other _____

Are you receiving assistance under any of the following programs?

Second Career ❑ Yes ❑ No

Canada-Ontario Integrated Student Loan ❑ Yes ❑ No

Part-Time Canada Student Loan ❑ Yes ❑ No

Student Financial Assistance from another province/territory ❑ Yes ❑ No

Student Financial Assistance from another country ❑ Yes ❑ No

Your estimated gross income for the current year: _____ (attach proof)

Spouse's estimated gross income for the current year: _____ (attach proof)

TO BE DUPLICATED ONLY BY THE OFFICE OF THE REGISTRAR.

SECTION 4: EDUCATION HISTORY

What is the highest secondary school grade you have completed? _____ (anywhere in the world)

Name of school and province or country in which school is located: _____

List all courses or programs you have taken at a post secondary institution since you left high school. Attach a separate sheet if you need more space.

Name of Post Secondary Institution	City, Province and Country	Full-Time	Part-Time	Program	From Month	From Year	To Month	To Year	Certificate or Degree Received
		☐	☐						
		☐	☐						
		☐	☐						

SECTION 5: INFORMATION ABOUT YOUR COSTS & COURSE OR PROGRAM

Course Name	Course Number

Book Costs:

Program Name: _____

Course Code	Name of Book	Cost of Book + Taxes
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

Daycare/Babysitting Costs (if applicable):

Hours Required: _____ (Hours per week) X _____ (Number of weeks) X $_____ (Cost per hour) = $_____ (Total)

Transportation Costs (if applicable):

_____ (Days per week) X _____ (Number of weeks) X $_____ (Cost per day) = $_____ (Total)

If you are taking post-secondary studies on a part-time basis, please explain why you are studying part-time:

I (student's name) _____ cannot study full-time for the following reason(s): _____

TO BE DUPLICATED ONLY BY THE OFFICE OF THE REGISTRAR.

SECTION 6: CONSENTS AND DECLARATIONS

Applicants Declaration (REQUIRED):

- I have given complete and true information on this application form.
- I will keep a copy of my application and all required supporting documentation in the event that I am required to produce this information for audit, verification, inspection or investigation purposes.
- I understand that I am responsible for providing all required supporting documentation as indicated on my application or as directed by the Financial Aid Office in respect to my eligibility for this award.
- I will promptly notify Financial Aid in writing of changes to my address and/or financial, academic, family, and/or study-period status, or if any other information that I have provided changes.
- I understand that any change to the information I provide and any change resulting from verification and audit may affect my eligibility and the amount of my bursary.
- I will not receive student financial assistance from any other province, state, or country while receiving this bursary.
- I understand that if I fail to provide complete and true information or any changes to my address and/or financial, academic, family, and/or study period status, the college may restrict me from receiving ISBP in the future.

I have read and understood this section, including the notice of collection, use and disclosure of my personal information, and my signature attests to my consent to the indirect collection, use, and disclosure of my personal information, and that my declaration is complete and true.

Applicant Signature: _____ Date: _____

Consents, Declarations and Signatures of Spouse and Spouse's Consent to the Indirect Collection and Disclosure of Personal Information (REQUIRED):

- I understand that the information on this form, including my employment and income information, is a necessary part of the calculation of an ISBP award to the applicant. The information I have given is complete and true.
- I understand that the personal information I provide in connection with this applicant can be accessed by the applicant. Other personal information relevant to a reassessment will be disclosed to the applicant and any person(s) authorized by the applicant to have access to all information in the applicant's ISBP file.
- I understand that I can withdraw any consent I have given in this section by writing to Financial Aid, any time before the applicant accepts an ISBP award. I understand that if I withdraw any consent it will affect the applicant's eligibility for and the amount of an ISBP award.

I have read and understood all parts of this section, including the notice of collection, use and disclosure of my personal information, and my signature attests to my consent to the indirect collection, use, and disclosure of my personal information and that my declaration is complete and true.

Spouse's Signature: _____ Date: _____

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

The objective of the Institution-Funded Special Bursary Program (ISBP) is to help students with financial need meet their education costs and is administered by designated staff in the Financial Aid Office. Your personal information and that of your spouse (if applicable) is collected on this form to determine your eligibility for this funding and for monitoring your academic progress as a recipient of the ISBP. Administration by Seneca College of the ISBP includes: determining the applicants eligibility for a bursary; verifying this application; maintaining and auditing the applicant's file; assessing and collecting any overpayments; and, enforcing the legislation set out below and your agreements with the College. In addition, administration by the College includes planning, delivering, evaluating and monitoring the ISBP for quality and improvements in both content and delivery; conducting risk planning, delivering, evaluating and monitoring the ISBP for quality and improvements in both content and delivery; conducting risk management, error management, audit and quality assessment activities; conducting inspections and investigations; conducting policy analysis, evaluation and research related to all aspects of the ISBP; and, the administrative; statistical purposes of the College and/or the ministries or agencies or the Government of Ontario and the Government of Canada Financing includes planning, accordance and/or providing funding of the ISBP. Personal Information collected by Seneca College is in accordance with sections 21, 39 and 49 of the Freedom of Information and Protection of Privacy Act, the College's Freedom of Information and Protection of Privacy Policy and under the legal authority of the Ministry of Colleges and Universities Act. R.S.O. 1990, Regulation 770, and the Ontario Colleges of Applied Arts and Technology Act, 2002, Regulation 34/03. If you have any questions concerning the collection and use of the personal information, please contact the Freedom of Information and Privacy Protection Officer at 416.764.0400 or email privacyoffice@senecapolytechnic.ca.

FINANCIAL AID OFFICE USE ONLY: INSTITUTION AND FUNDING BREAKDOWN

_____ |_|_|_|_|_| % of Full Course Load: _____

Program Name: Institution Code:

Tuition Fees: _____ Compulsory Fees: _____ Books & Equipment: _____

Travel Costs: _____ Child Care Costs: _____ Total Requested: _____ Amount Approved: _____

Additional Information: _____

_____

I certify that the above-named person is registered as a student in the course(s) (indicated above) in an OSAP approved program that he or she is eligible to receive assistance under the Institution-Funded Special Bursary Program. I recommend that this applicant receive a bursary in the amount indicated in the "Cheque Amount" field (above).

Financial Aid Advisor: _____ Date: _____