

THE AWDE EDUCATION FUND  
STUDENT APPLICATION FORM

**Personal Information**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Social Insurance No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_

Postal Code \_\_\_\_\_

Local Telephone ( ) \_\_\_\_\_

Email \_\_\_\_\_

Citizenship  Canadian

Permanent Resident

School \_\_\_\_\_

Term number in program (i.e. 2nd term) \_\_\_\_\_

Status  Single

Married

Date of Marriage \_\_\_\_\_

Separated  Divorced

Widowed  Sole Support

Date of Status \_\_\_\_\_

No. of dependent children and their ages

\_\_\_\_\_

\_\_\_\_\_

Program \_\_\_\_\_

Undergraduate  Masters  Doctoral

For which academic term are you requesting assistance?  Fall  Winter  Spring

Have you made a fee arrangement or paid your fees for the above selected term?  Yes  No

**If Yes, attach a copy of the receipt for fees paid.**

Have you applied for OSAP or other provincial student aid?  Yes  No

If No, why? \_\_\_\_\_

If ineligible, why? \_\_\_\_\_

**References**

Please include two (2) letters of reference with your **first** application. The letters may be provided by teachers, clergy, employer **or** other non-related adults.

**Transcripts**

Please ensure you have included a certified transcript from your final year of high school, or if in post secondary program, for the most recent term available, including interim marks. This is required for every application.

**Extra-Curricular Activities**

Please provide a description of extra-curricular activities undertaken while in the final two years of high school or in current year at post secondary institution. (Optional)

**Financial Information**

**Applicant's Actual Income** (for the most recent year)

Line 150 on tax return \_\_\_\_\_

**Applicant's Other Income** (not reported on income tax)

\_\_\_\_\_  
(e.g. Non-taxable income, foreign income, lottery winnings or insurance payouts)

**Sources of Funds for Current Term**

- Personal Savings \$ \_\_\_\_\_
- RESP \$ \_\_\_\_\_
- RRSP \$ \_\_\_\_\_
- Trust Funds & Investments \$ \_\_\_\_\_
- Awards & Bursaries \$ \_\_\_\_\_
- OSAP (If known) \$ \_\_\_\_\_
- Other Student Assistance \$ \_\_\_\_\_
- Employment Income \$ \_\_\_\_\_
- Parental Contribution \$ \_\_\_\_\_
- Spousal Contribution \$ \_\_\_\_\_
- Other (Please specify) \$ \_\_\_\_\_
- Total Funds** \$ \_\_\_\_\_

**Cost for Current Term**

- Tuition \$ \_\_\_\_\_
- Other Fees \$ \_\_\_\_\_
- Living Allowance \$ \_\_\_\_\_
- Books & Supplies \$ \_\_\_\_\_
- Travel \$ \_\_\_\_\_
- Medical \$ \_\_\_\_\_
- Other \$ \_\_\_\_\_
- Please specify  
\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Total Costs** \$ \_\_\_\_\_

Note that Term refers to a four month academic period.

**Income Verification**

Please provide a copy of your most recent Canada Revenue Agency Notice of Assessment to verify your income and a copy of the tuition statement from the school being attended if fees not paid.

**For Fund Administrative Use Only**

D/R \_\_\_\_\_

- FTA
- FUA 2  3  4  5  6  7  8
- A/NA
- S/A
- D/I \_\_\_\_\_
- CI/CN  \_\_\_\_\_

Comments \_\_\_\_\_

**Parental Information**

Parental Information is required if you have graduated high school within the last five (5) years.

It is assumed that dependent, single students will be assisted by their parents in pursuing their post-secondary studies in the form of direct financial or non-monetary aid such as free room and board. If you are not receiving financial or other assistance from your parents, please explain in detail why this is the case and provide supporting documentation from your parents.

Parents' Marital Status  Married  Single  Divorced  Separated  Common Law

No. of dependents including applicant

No. of dependents in post-secondary education

**Father's Actual Income**

**Mother's Actual Income**

Line 150 on tax return \_\_\_\_\_

Line 150 on tax return \_\_\_\_\_

Father's other income (not reported on income tax)

Mother's other income (not reported on income tax)

(e.g. Non-taxable income, foreign income, lottery winnings or insurance payouts)

(e.g. Non-taxable income, foreign income, lottery winnings or insurance payouts)

If parents' current year income will be substantially less than the previous year income, please explain why and provide documentation to substantiate the reduced income (recent pay stubs, letter from employer).

Estimated Father's current year gross income

Estimated Mother's current year gross income

**Income Verification**

You may be requested to provide a copy of parents' most recent Canada Revenue Agency Notice of Assessment to verify family income.

**Parental Declaration and Consent**

I/We declare that all of the information that I/We have given on this form is complete, true and accurate. If any information is inaccurate, I/We understand that any financial assistance to the applicant may be reassessed and/or withdrawn.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

Note that original signatures are required; photocopies will not be accepted.

**Spousal Information**

It would be expected that a spouse will provide direct financial support where a spouse is working and able to contribute to household expenses. If there are other circumstances that prevent spousal support for the Applicant other than those noted below, please attach a letter explaining these circumstances.

Married includes a common law relationship that has been in place for a minimum of two years or where you are raising a child of the common-law union.

Name of Spouse/Partner \_\_\_\_\_

Spouse/Partner's Occupation  Full time student  
 Employed  
 Other (specify) \_\_\_\_\_

Will your partner be living with you during your study period?  Yes  No

Number of dependent children \_\_\_\_\_ Ages \_\_\_\_\_

Will your partner be a full-time student for a minimum of 12 weeks?  Yes  No

**Spouse's Actual Income**

Line 150 on tax return \_\_\_\_\_

**Spouse's Other Income** (not reported on income tax)

\_\_\_\_\_  
(e.g. Non-taxable income, foreign income, lottery winnings or insurance payouts)

**Income Verification**

You may be requested to provide a copy of your spouse's most recent Canada Revenue Agency Notice of Assessment to verify spousal income.

**Spouse's Declaration and Consent**

I declare that all of the information that I have given on this form is complete, true and accurate. If any information is inaccurate, I understand that any financial assistance to my spouse may be reassessed and/or withdrawn.

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

Note that original signatures are required; photocopies will not be accepted.

**Notice of Use of Personal Information**

*This Section must be read and signed by all applicants.*

Personal information provided on this application form and in all other communications related to this application and award of financial assistance, including your Social Insurance Number, is used solely for administering the Program.

Administration includes determining the applicant's eligibility for award of financial assistance; verifying the application; verifying any award of financial assistance; considering any applications for review relating to the applicant's financial assistance or eligibility for relief from any payment; maintaining and auditing the applicant's file; collecting loans, overpayments and repayments.

**Applicant's Declaration**

- I have given complete and true information on this form.
- I understand that I am responsible for providing all required supporting documentation as indicated on the application. I have included the following:
  - Application Form (5 pages)
  - Copy of Receipt (If fees paid) **or**
  - Statement of Tuition Costs from Institution
  - Reference Letters (With first application)
  - Transcripts
  - Description of Extra-Curricular Activities (Optional)
  - Most recent CRA assessment notice for Applicant
- I understand that if I fail to provide complete and true information or fail to fulfill any obligations respecting the repayment of any loan, the Fund may restrict me from receiving assistance in the future and may take legal action and may require me to repay any assistance that I received. I further understand that it is a serious offence to knowingly provide false information for the purpose of obtaining assistance.
- I will keep a copy of the application and all required supporting documentation in the event that I am required to produce this information for audit and verification purposes.
- I have read and agree to all Terms and Conditions set by The Awde Education Fund.

**Applicant's Signature**

I have read and understood the Notice of Use of Personal Information and Applicant's Declaration and my signature attests that my declaration is complete and true.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

Note that original signatures are required; photocopies will not be accepted.

Please mail the completed application form to: The Awde Education Fund  
P.O. Box 142  
Bethany, Ontario L0A 1A0

**Instructions for Completing the Form****Personal Information - Page 1**

- You must fill out your complete **Last** and **First Names** as they appear on your Birth Certificate or Social Insurance Number card.
- The **Mailing Address** should be a permanent location where you will receive mail even while not attending school for a term.
- **Date of Status** refers to the date where you became separated, divorced, widowed or the sole supporter for your household.
- Names of dependant children are not required, only the total number and ages of each child.
- **School** refers to the Post Secondary Institution you will be attending.
- **Program Description** refers to the degree or certificate you are working toward, e.g. BA, MA, BSC, MSC, etc., along with any description, i.e. Nursing, Teaching, Agriculture, etc.
- While you may be attending school for eight or more consecutive months, please note that a **Term** refers to a **four month** (12-13 week) period.

You **must** submit a new application for every term you are seeking assistance.

- You must submit a copy of an **official** receipt issued for fees paid. The copy does not need to be certified.

**Financial Information - Page 2**

- Fill in all the blanks; where not applicable, put N/A or enter zero.
- Note that living allowance and travel costs are subject to the maximum amounts based on cost of living indices for the city in which the institution is located.

If you do not know your actual living costs for a term, estimate costs based on a 13 week period, including:

- Residence Costs **or**
  - Rent
  - Food
  - Electricity
  - Heat
  - Insurance
  - Water
  - Cable/Telephone
- Note that travel costs include the following for a 13 week period:
    - One round trip per term between your school and permanent residence **and**
    - Transit passes **or**
    - Automobile operating costs, **excluding car payments**

*Instructions for Completing the Form*

**Financial Information - Page 2** *(cont'd.)*

- Note that **'Other'** costs must be specified or they will be deducted from **Total Costs** in calculating your assistance.

As an example, **'Other'** allowable costs may include day care costs for children under 5 years of age paid to a registered day care provider; note that receipts or statement of fees will be required.

Note, however, that costs for entertainment or memberships in non-academic institution related activities or clubs are not eligible as **'Other'** costs.

If in doubt, please send as much information as possible and **'Other'** costs will be reviewed on a case by case basis.

**Parental Information and Consent - Page 3**

- Please ensure this page is completely and accurately filled out in order not to delay processing your application.

If you are not anticipating assistance from your parents, ensure that it is clearly explained in detail with supporting documentation provided.

You may be contacted to provide more information if necessary.

**Spousal Information - Page 4**

- Please ensure this page is completely and accurately filled out in order not to delay processing your application.

If you are not anticipating assistance from your spouse, ensure that it is clearly explained in detail with supporting documentation provided.

You may be contacted to provide more information if necessary.

**Applicant's Declaration - Page 5**

- Please ensure this page is completely and accurately filled out all the areas and have signed and dated the form.