

## Application for UVic Student Society Child Care Bursary

Student Awards & Financial Aid PO Box 3025 STN CSC Victoria, BC V8W 3P2 Phone (250) 721-8423 Fax (250) 721-8757 http://registrar.uvic.ca/safa

**Deadlines:** January 31, May 31, September 30

UVSS Child Care Bursaries are awarded to contributing UVSS student members with demonstrated financial need based on Student Aid BC (SABC) standards and child care costs. Eligible services may include: private daycare, UVic child care, and baby-sitting services. Incomplete applications will not be considered.

## Instructions:

- 1. Complete all applicable questions AND
- Supply copies of all child care receipts or invoices which apply to the relevant period AND
- Return application to Student Awards & Financial Aid before the deadline date.

PERSONAL INFORMATION											
Name					Student ID						
Address while at UVic						Email					
City	Province				Postal Co	ode					
Is this: Your Parent's home  Univ			University	versity Residence  Rented  Self-Owned							
Social Insurance Number				Date	Date and Place of Birth						
Citizenship:				Place	Place of Birth						
Last Secondary/Post-Secondary Institution attended:											
Diploma/Degree Awarded				Dates	Dates attended						
UVic Program				Area	Area of Study						
Date bega	an				Expe	Expected date of Graduation					
Single, Se	eparated,	Divorced	, Widow	ed 🗆	Marri	Married, Common-law □					
Date of Se	eparation/l	Divorce:			Date	Date of Marriage:					
Spouse's name				Spou	Spouse's SIN:						
Spouse's	Occupatio	n				Is your spouse receiving student loans?					
Name Age			1	List dependents in your custody  Name  Age							
	, 490										
Name	Name Age			Name	Name Age						
CHILD CARE PROVIDER											
Name				Phone							
Address											
Documentation attached:				Rece	Receipts   Invoices   Subsidy						
OFFICE USE ONLY											
Reg Units	Sess GPA	Cum GPA	Year	Degree	Faculty	Program/Major			Amount	Code	Date
MSOL +	T/F +	Books +	CC =	Costs -	Resources-	Subsidy =	Financ	ial Need	CC	Subsidy	Unmet
Comments:											
Comments.											

	BUDGET			
Indicate for which 4 month study period you are applying (select only one!):				
☐ May – August	□ September – December	□ January – April		

Education Expenses Education Resources					
Tuition		Savings			
Books & Supplies		Awards (Scholarships & Bursaries)			
Other Expenses		Student Loan & Grant			
Education Expenses		Education Resources			
Monthly	Expenses	Monthly Income			
Housing (rent or mortgage)		Part-time earnings			
Food		Work-Study earnings			
Utilities (Phone, Hydro, Internet)		Employment Insurance			
Household (laundry, cleaning)		Social Assistance			
Transportation		Workers' Compensation			
Entertainment		Sponsorship			
Medical/Dental/Optical		Orphan's Benefits/CPP			
Child Care Costs per month before subsidy		Child Care Subsidy			
Miscellaneous		Net Spouse's Income (form all sources)			
Other (specify)		Other (specify)			
=Total Monthly Expenses		=Total Monthly Income			
X 4 Months		X 4 Months			
Equals total living expenses		Equals total Income			
Total Education Expenses		Total Education Resources			
Total Education Expenses minus Total Education Resources = Financial Need					
EXPENSES minus	s F	RESOURCES equals \$ FINANCIAL	L NEED		

## Declaration

I hereby declare that all information given above is complete and true in every respect, and that I have answered all questions applicable to me on this form and
that the bursary is essential for me to continue my education. I further declare that I am willing to submit all statements for independent verification and audit
and that I will submit any documentation necessary to substantiate my claimed expenses. Furthermore, I agree that if my circumstances change, the bursary
may be rescinded.

Signature:	Date: