



Application for Graduate Bursaries

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>

Michael Crowe / VFABC Bursary
 (Volunteer Firefighter's Association)

ELIGIBILITY CRITERIA

Graduate students must:

- be receiving the maximum student loans available for your period of study.
- attach a copy of all pages of your student loan assessment to this application.
- complete the budget if your Canadian student loan funding is from outside BC.
- be registered as a full-time graduate student for each term for which you are applying. For definition, refer to: <http://registrar.uvic.ca/grad/continuing/fees/RegsConcFeesGraduate.html>
- be a Canadian citizen, protected person or permanent resident of Canada.

👉 Incomplete applications will not be considered.

Please indicate the aid period for which you are applying. A new application is required for each aid period.

Application deadlines:

- June 1st for Summer Aid Period
- October 15th for Fall, Spring or Winter Aid Period(s)

PERSONAL INFORMATION			
Student ID Number		Social Insurance Number	
Name			Phone
Address while at UVic:			Email
City	Province	Postal Code	
Is this: Your Parent's home <input type="radio"/> University Residence <input type="radio"/> Rented <input type="radio"/> Self-Owned <input type="radio"/>			
Citizenship:		Date and Place of Birth	
Marital Status <input type="radio"/> Single <input type="radio"/> Married or Common-Law <input type="radio"/> Widowed/Separated/Divorced		If married or common-law, please provide: Spouse's name: _____ Spouse's occupation: _____ Spouse's Social Insurance Number: _____	
Is your spouse receiving student loans?			
<i>List dependents in your custody</i>			
Name	Age	Name	Age

OFFICE USE ONLY										
Reg Units	Sess GPA	Cum GPA	Year	Degree	Faculty	Program/Major	Award Title	Amount	Code	Date

EDUCATION AND CAREER INFORMATION

Last high school attended:	City, Province:
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If BC, School District Number:	Date of Graduation:
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Previous Post-Secondary Institutions Attended (Other than UVic)

Institution Name:	Years Attended:
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City, Province:	Degree/Diploma/Certificate earned:
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Institution Name:	Years Attended:
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City, Province:	Degree/Diploma/Certificate earned:
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Academic Criteria

Current UVic Program	Career Goals:
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Instrument and/or performance area (music students only):

Area of Specialization:

Athletic Criteria

Are you involved with amateur athletics?	Please specify:
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Are you involved with Intramural Sports?	Please specify:
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Are you a member of a UVic Varsity team?	Please specify:
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VOLUNTARY DECLARATION

Instructions: In addition to the general bursaries available, the University invites you to provide self-identifying information to ensure that you are considered for those bursaries offered to students in specific equity groups or bursaries with specific affiliation criteria. The undergraduate bursary criteria can be reviewed on our website, <http://web.uvic.ca/safa>, or Graduate Studies at: <http://web.uvic.ca/grar>.

Education Equity (Optional)

Please indicate if you are a member of any of the following groups:

- Female
- Aboriginal: First Nations (Status, Non-Status or Treaty) Métis Inuit:
- Student with a disability – please indicate disability: _____
- Lesbian
- Visible Minority
- Asian– please specify country: _____

Affiliation Criteria (Optional)

Are either you or a family member employed by or a member of a community or national organization that provides bursary funding to this institution? **Michael Crowe / VFABC Bursary** (Volunteer Firefighter's Association)

Which employer/organization(s)?	What is the full name of the employee/member?	What is the relationship of the employee/member to you?

If applicable, please provide a copy of the appropriate membership card(s) or membership number:

Are you a practicing member of a faith community? If so, which faith and which congregation?

Faith	Congregation	Address
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Where does your family reside?

City	Province	Country
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Community Service Involvement? Organization	Length of Service
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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 to enable 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. Should my application be successful, I hereby agree to the release of my name and address. Furthermore, I agree that if my circumstances change, the bursary may be rescinded.

Signature:	Date:
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Name: _____ Date: _____ Student Number: _____

BUDGET

Indicate for which 8 or 4 month study period you are applying (select only one!):

- May – August
 September – April
 September – December
 January – April

Education Expenses		Education Resources	
Tuition		Savings	
Books		Awards (Scholarships & Bursaries)	
Supplies & Other Expenses		Fellowships/Research Grants	
Thesis/Dissertation binding		Student Loan & Grant	
Education Expenses (A)		Education Resources (C)	
Monthly Expenses		Monthly Income	
Housing (rent or mortgage)		Part-time earnings	
Food		Work-Study earnings	
Utilities		Assistantships (TA & RA)	
Household (laundry, cleaning)		Sponsorship	
Transportation		Child Care Subsidy	
Entertainment		Orphan's Benefits/ CPP	
Medical/Dental/Optical		Net Spouse's Income (form all sources)	
Child Care Costs before subsidy		Other (specify)	
Other (specify)		Other (specify)	
=Total Monthly Expenses		=Total Monthly Income	
X number of Months		X Number of Months	
Equals total living expenses (B)		Equals total Income (D)	
Total Education Expenses (A) + (B) =		Total Education Resources (C) + (D) =	
Total Education Expenses minus Total Education Resources = Financial Need			
EXPENSES	minus	RESOURCES	equals \$ FINANCIAL 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: _____