Bursary and Work Study Appeal Form

Completed appeal forms and any required documentation should be submitted via the RED BOX in Student Financial Services, 3rd floor of the University Centre OR scanned and emailed from the applicants U of G email account to awards@uoguelph.ca OR faxed to (519) 823-9421.
You will be notified of your appeal decision by email to your @uoguelph.ca email address.

- This form is used to appeal a bursary and/or Work Study decision
- This form is used by Undergraduate or Graduate students who are Canadian citizens or Permanent Residents

Name: ___________________________ Student ID #: ___________________________

Applicants Marital status:  ☐ Single  ☐ Married/Common-law  ☐ Sole Support Parent

If you have indicated that you are married/common-law, your partner is:

☐ A student at the University of Guelph (Student ID #: ___________________________)
☐ A full-time student at another institution
☐ Employed: ___________________________

Partner’s monthly income after deductions $ ____________

☐ Other ___________________________

If you have children, how many children in each age group will be living with you full time?  ____0-11 yrs  ____>12 yrs

Summary of Appeal

Please describe your financial circumstances that outlines the reasons for your appeal. Your explanation below will be considered by the review committee. An attached letter is also acceptable.

____________________________________________________________________________________
____________________________________________________________________________________
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Committee Use Only:  Awards Office Only

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| Notification:               | Notified:                       |
Please complete the budget below for your study period

A. Applicant’s Income & Financial Resources for your Study Period (if 1 term, adjust the number of months) **Married students’ budget should reflect income and expenses for the family**

Bank balance(s) of all accounts at the beginning of study period before paying tuition/expenses $__________
Parent(s)/Partner’s contribution towards tuition, fees and living expenses etc. $__________
OSAP or Out of Province Student Loans $__________
Awards/ Bursaries/ Scholarships $__________
Part-time earnings (include Work Study/GTA/GRA/GSA) $__________
Sponsorships funding (include Band funding) $__________
Registered Education Savings Plan RESP (current study period withdrawal amount) $__________
Investments, e.g. TFSA, GICs, mutual funds, bonds, etc., $__________
Government Income, e.g. CPP, ODSP, EI, OW, Child Tax Benefit, etc. $__________
Student bank loan/ Personal Line of credit (available balance only) $__________
All other income not listed above, e.g. Spousal/Child support (specify)____________________ $__________

Total Income/Resources $__________

B. Applicant’s Expenses for the Study Period (if 1 term, adjust the number of months)

Tuition and incidental fees $_______ x 2 semesters $__________
Books and supplies $_______ x 2 semesters $__________
Rent / Residence $_______ x 8 months/ 2 semesters $__________
Utilities (Hydro/Gas) $_______ x 8 months $__________
Phone / Internet $_______ x 8 months $__________
Food / Meal plan $_______ x 8 months/ 2 semesters $__________
Laundry $_______ x 8 months $__________
Entertainment / Personal costs $_______ x 8 months $__________
Child care cost for applicants who have at least one child (must attach receipts) $__________
Other costs not listed above (attach an itemized list of what these costs are and include receipts) $__________

Total Expenses $__________

C. Financial Shortfall

Subtract total expenses from total income/resources $ ______

Total Financial Need $__________

I certify that the information contained in this application is complete and true. I agree to provide Student Financial Services with any documentation necessary to verify the above noted information. I understand that failure to provide such documentation may affect current or future eligibility for the bursary. I further understand that should my eligibility for the bursary be terminated, I may be required to refund any funding I have received from the University under the bursary.

X________________________
Signature

Date

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