



Financial Statement

College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador, and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). The college’s Student Services Department and the Alumni & Advancement Office are collecting your personal information to process the scholarship application. The personal information you provide may be disclosed to the donor. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the Provincial Awards Chairperson at 709-643-7880. For more information about the ATIPPA please visit www.cna.nl.ca/about/atippa.asp.

NOTE	The more accurate and detailed information you provide, the better your need can be assessed. If a section is not applicable to you, please put “N/A” in that section. Incomplete applications will not be processed.			
STUDENT INFORMATION				
Student’s Last Name		First	Middle	Age
Student Number:	Campus:	Program:	Year: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	
Permanent Address:				
Local Address:				
	Primary phone number: ()			
	Alternate phone number: ()			

IF YOU ARE DEPENDENT ON (OR LIVING WITH) PARENTS/GUARDIANS, COMPLETE THE FOLLOWING SECTION				
Father’s/Guardian’s Name:		Occupation:		Employment status: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Seasonal
P.O. Box/Street:	City/Town:		Province:	Postal Code:
Mother’s/Guardian’s Name:		Occupation:		Employment status: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Seasonal
P.O. Box/Street:	City/Town:		Province:	Postal Code:
Parents’/Guardians’ combined income:	\$	Number of dependents attending post-secondary (including applicant):		
IF YOU ARE MARRIED/COMMON-LAW, COMPLETE THE FOLLOWING SECTION				
Spouse’s Name:		Occupation:		Employment status: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Seasonal
P.O. Box/Street:	City/Town:		Province:	Postal Code:
Spouse’s income:	\$			
IF YOU HAVE DEPENDENTS, COMPLETE THE FOLLOWING SECTION				
Name (First Name and Last Name)		Relationship to Applicant		Age



STATEMENT OF FINANCIAL NEED					
Financial need will be determined from the budget below. The Newfoundland Student Aid brochure may be used as a guide regarding educational costs and available resources (www.ed.gov.nl.ca/studentaid)					
The Estimated Resources Section MUST be completed. If a section is not applicable to you, please put “Ø” in that section. PLEASE ENSURE TOTALS ARE INSERTED FOR RESOURCES/EXPENSES COLUMNS. INCOMPLETE FORMS WILL NOT BE CONSIDERED.					
Estimated costs MUST be stated by a 15-week semester (i.e. Rent at \$100 per week must be stated as \$1500)					
Estimated Resources			Estimated Expenses		
Amount based on 15 week semester		Amount Per Semester	Amount based on 15 week semester		Amount Per Semester
Personal Contribution (per semester)			College Expenses (per semester)		
1	Savings / Stocks / Bonds / RESP / RRSP		18	Tuition and Fees	
2	Income from employment while attending school (during a 15 week semester)		19	Books	
3	15 week income from investments, rental property , etc.		20	Equipment and Supplies	
4	EI benefits per semester while studying		21	Field Trips	
5	Funding from Gov’t or Other Agency: Specify agency: _____		22	Health & Dental Insurance	
Canada Student Assistance (per semester)			Transportation Expenses (per semester)		
6	Provincial Grant (per semester)		23	Transportation – local: (i.e. bus pass / taxi / car pool)	
7	Canada Student Grant (per semester)		24	Transportation- personal: (i.e. gas / car payment / insurance / maintenance)	
8	Bursaries, Scholarships, and Awards		25	Other (please, specify): _____	
9	Tuition Vouchers (SWASP, etc.)		Living Expenses (per semester)		
10	Other income: _____		26	Rent – Room / Apartment	
Debt-Related Resources (per semester)			27	Mortgage - House	
11	NL Student Loan (per semester)		28	Food / Meal Plan	
12	Canada Student Loan (per semester)		29	Utilities (i.e. Heat & Lights)	
13	Credit Card/Bank Loan/Student Line of Credit		30	Telephone / Internet	
14	Other (please, specify): _____		31	Child Care	
Other Contributions (per semester)			Other Expenses (per semester)		
15	Contributions from parents/guardians		32	Other (i.e. medical cost not covered under insurance plan) _____	
16	Contributions from spouse		33	Other(please, specify): _____	
17	Other income:_____				
ADD 1 – 17 to show Total Resources Per Semester		\$	ADD 18 – 33 to show Total Expenses Per Semester		\$
Please provide information on any special circumstances that you feel should be considered that are not reflected in the financial statement: _____ _____ _____					
I hereby make the following declaration: 1. I have answered all questions, which are applicable to me, and the answers given by me are true. 2. I shall be a full-time student for the academic year/semester in which this application is made. 3. Financial assistance is essential to enable to continue my education. 4. I have stated my financial situation <u>based on a 15 week period</u> .					
Permission is hereby granted for the Awards Committee to obtain any further information required from appropriate individuals or agencies.					

Signature of Applicant

Date