

**Hillary Afelskie Memorial Bursary**

**Deadline: March 10 at 4:00 PM**

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| Thisbursary was set up in memory of Hillary Afelskie, a Thorneloe University resident who was tragically killed in a traffic accident on January 4, 2012. One bursary valued at $250 is awarded annually to a female resident at Thorneloe with a demonstrated financial need, good academic standing, and record of volunteer involvement in community, non-profit, or charitable activities. An application letter is required that articulates these qualifications. Please complete the form below, and submit the completed forms, along with a copy of your Laurentian Transcript to the registrar at**:** [**info@thorneloe.ca**](mailto:info@thorneloe.ca) |

N.B. Thorneloe University reserves the right to refuse assistance to any applicant who has knowingly made a false statement on this application.

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| Name: | Student No: | Gender: |
| Address: | | |
| Postal Code: | Date of Birth (dd/mmm/yyyy) | Citizenship: |
| Phone No: | | |
| Email: | | |
| Program: | | Year in the program : |
| The name of your Specialization, Major, Minor, Concentration, and/or Certificate: | | |
| Have you received, or will you be receiving any other academic awards in the current school year? | | |
| If yes, please specify name(s), amount(s), and source(s) of the award(s): | | |

**NOTICE: ALL AMOUNTS SHOULD BE AS ACCURATE AS POSSIBLE**

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| **EXPENSES** FOR **SEPTEMBER 2022 – APRIL 2023** | | **REVENUE** FOR **SEPTEMBER 2022 – APRIL 2023** | |
| Tuition & Incidental Fees: |  | Annual Income |  |
| Books, Equipment, Supplies: |  | Student Loan |  |
| Accommodation Payments: |  | Family Financial Support |  |
| Medical/Dental (specify): |  | Social Assistance & Government Income |  |
| Food: |  | Support & Sponsorship |  |
| Child Care: |  | Scholarships |  |
| Clothing: |  | Bursaries |  |
| **Other (you must specify)** |  | **Other (you must specify)** |  |
| **TOTAL EXPENSES** |  | **TOTAL REVENUE** |  |

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| **TOTAL EXPENSES minus TOTAL REVENUE = FINANCIAL NEED** |

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| **DECLARATION:**  I declare that all the information given on this application form is, to the best of my knowledge, true and complete. I understand that:  1. All information provided in connection with this application is subject to verification by Laurentian University. 2. The first use of any scholarship/bursary awarded to me shall be to pay any fees owing to the University. I hereby authorize Thorneloe University to release my academic standing or other pertinent information to the donor(s) of any scholarship/bursary awarded to me.  I also authorize the release of all information in the Student Awards Office maintained in respect of my application for Federal/Provincial student assistance (eg. OSAP) to the Senate of Thorneloe University. PLEASE NOTE: Thorneloe University reserves the right to request receipts or invoices to substantiate certain expenses or copies of any other official or legal documentation in connection with this application. |

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| Signature: | Date (dd/mmm/yyyy): |