

**R.H. and Eva P. Murray Residence Scholarship**

**Deadline: November 25 at 4:00 PM**

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| Four scholarships of $1500 each will be awarded to residents of Thorneloe University, who have achieved an overall first class standing in any Laurentian degree program in courses taken in the year preceding the award, who have made a positive contribution to the life of the residence during this academic year **(as described in an essay of 250 words at the time of application),** and who are returning to residence for the next session of study at Laurentian University. **Application is required. Please complete the form below, and Submit the completed forms, along with a copy of your Laurentian Transcript and any other required documents to the registrar at: 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: | Social Insurance Number: | |
| 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): |