



# 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, 432 Massachusetts Dr. P.O. Box 5400 Stephenville, NL A2N 2Z6. For more information about the ATIPPA please visit [www.cna.nl.ca/about/atippa.asp](http://www.cna.nl.ca/about/atippa.asp).

<b>NOTE</b>	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. <b>Incomplete applications will not be processed.</b>
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## 1. STUDENT INFORMATION

Name			Age
Student Number:	Campus:	Program:	Year: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>

## 2. Please check all the boxes that apply to your living situation:

I will live with my parent(s)/guardian(s) while attending college.

I will live away from parent(s)/guardian(s) while attending college. Kms from hometown to college: \_\_\_\_\_

I am married/common-law without dependents or a mature / independent student.

I am married/common-law with dependents. Number of dependents: \_\_\_\_\_

I am a single parent. Number of dependents: \_\_\_\_\_

Parental or Household Income:  Below 50,000  50,000 – 75,000  75,000 – 100,000  Over 100,000

## 3. Please check all the boxes that apply to your funding for college:

I am receiving a student loan through Student Aid NL or Student Aid from another province.

I am receiving a student loan or student line of credit through a financial institution (I.e.: bank)

I am receiving funding through the Department of Immigration, Population Growth and Skills (IPGS) or the Department of Children, Seniors and Social Development (CSSD)

I am receiving funding as an Indigenous student (I.e.: First Nation, Nunatsiavut, NunatuKavut or another Indigenous group sponsorship)

Other: \_\_\_\_\_

## 4. Please provide a brief description of any circumstances you feel should be considered: (i.e.: single parent family, other siblings in school, parents unemployed, permanent disability, etc.) Please attach a separate sheet if more space is required.

**STATEMENT OF FINANCIAL NEED**

Financial need will be determined from the budget below.

**The Income Section and Expenses Section MUST be completed.**

**\*\*You may be required to show documentation of expenses\*\***

**YOU MUST SHOW INCOME, INCOMPLETE FORMS WILL NOT BE CONSIDERED.**

Income and Expenses **MUST** be calculated for a 17-week semester or 4 months.

(i.e.: Rent at \$100 per week must be stated as \$1700, or \$500 per month as \$2000)

**\*\*Use WINTER semester income and expenses\*\***

Amount based on 17-week semester. (Use Winter Semester)	Amount Per Semester	Amount based on 17-week semester. (Use Winter Semester)	Amount Per Semester
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**INCOME (Totals for Winter semester – calculate for 17 weeks or 4 months, Jan - Apr)**

<b>Student Aid Loan</b> (as shown on assessment for Jan - Apr 2024)	\$	<b>Family Support</b> (i.e.: parents, spouse, grandparents, etc.)	\$
<b>Student Aid Grant</b> (as shown on assessment for Jan - Apr 2024)	\$	<b>Bursaries, Scholarships, and Awards</b>	\$
<b>Savings for Winter Semester Only</b>	\$	<b>Tuition Vouchers</b> (SWASP, etc.)	\$
<b>Funding</b> (i.e.: IPGS, Indigenous, EI, etc., including tuition, living allowances and other expenses paid by the agency)	\$	<b>Employment</b> (part-time or full-time work while attending college)	\$
<b>Bank Loan</b> (Credit card, student line of credit)	\$	<b>Other income</b> (i.e.: CPP, Pension Benefits, etc.)	\$
		<b>Total Income:</b>	\$

**EXPENSES (Totals for Winter semester – calculate for 17 weeks or 4 months, Jan - Apr)**

<b>Housing</b> (Add together your rent/mortgage, utilities, internet, cable for 4-months) <b>NOTE*</b> Include only your portion if sharing	\$	<b>Tuition and Fees</b> (Winter Semester)	\$
<b>Food/Meal Plan</b> (Approximate total cost for 4-months)	\$	<b>Books</b> (Winter Semester)	\$
<b>Cell Phone</b> (Approximate total cost for 4-months)	\$	<b>Supply Costs</b> (do not include computer)	\$
<b>Transportation</b> (Gas, insurance, car payment) (Approximate total cost for 4-months)	\$	<b>Other Expenses</b> (please, specify): _____ (i.e.: bank loan, medical expenses, airfare)	\$
<b>Child Care</b> (if applicable) (Approximate total cost for 4-months)	\$	<b>Total Expenses:</b>	\$

**NET INCOME**

**Income - Expenses = \$ \_\_\_\_\_**

**I hereby make the following declaration:**

- I have answered all questions, which are applicable to me, and the answers given by me are true.
- I shall be a full-time student for the academic year/semester in which this application is made.
- I have stated my financial situation based on a 17-week period.

**Permission is hereby granted for the Awards Committee to obtain further information required from appropriate individuals/agencies.**

Name: Print or Sign \_\_\_\_\_

Date \_\_\_\_\_