



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.
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1. 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:			
Distance from local address to permanent address (Km): _____			
Primary phone number: ()		Alternate phone number: ()	

Please check only one box: You are considered an Independent student if you:

- Have been out of high school for four (4) years OR
- Have been out of high school for two (2) years or two (2) periods of 12 consecutive months in which you have not been attending a post-secondary institution full time OR
- Are married, common law, separated, widowed or a single parent. Please complete section #3 & #4 if applicable
- None of the above apply to me, I am considered a Dependent Student. Please complete section #2.

2. IF YOU ARE DEPENDENT ON (OR LIVING WITH) PARENTS/GUARDIANS, COMPLETE THE FOLLOWING SECTION

Name of Parent/ Guardian #1	Occupation:	Employment status: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Other
P.O. Box/Street:	City/Town:	Province: Postal Code:
Name of Parent/Guardian #2	Occupation:	Employment status: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Other
P.O. Box/Street:	City/Town:	Province: Postal Code:
Parent/ Guardian #1 Annual Net Income (after taxes): \$	Number of dependents attending post-secondary (including applicant):	Parent/ Guardian #2 Annual Net Income (after taxes): \$

3. 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 <input type="checkbox"/> Other
P.O. Box/Street:	City/Town:	Province: Postal Code:
Spouse's Annual Net Income (after taxes): \$		

4. 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 Estimated Resources Section and Estimated Expenses MUST be completed. If a section is not applicable to you, please put "Ø" in that section. **You may be required to show documentation of expenses.**

PLEASE ENSURE TOTALS ARE INSERTED FOR RESOURCES/EXPENSES COLUMNS.

INCOMPLETE FORMS WILL NOT BE CONSIDERED.

Estimated costs **MUST** be stated by a 16-week semester (i.e. Rent at \$100 per week must be stated as \$1600)

****Use Winter Semester resources and expenses****

Estimated Resources		Estimated Expenses		
Amount based on 16 week semester (Use Winter Semester)	Amount Per Semester	Amount based on 16 week semester (Use Winter Semester)	Amount Per Semester	
Personal Contribution (per semester)		College Expenses (per semester)		
1	Savings: Personal savings & RESP	18	Tuition/Fees (i.e.: audit fee, exam fee, confirmation fee, certification fee, etc.)	
2	Income from employment while attending school (during a 16 week semester)	19	Books	
3	EI benefits per semester while studying	20	Equipment and Supplies	
4	Funding (i.e.: ISL, First Nations, LATP, etc.). Including tuition paid by the agency.	21	Field Trips	
5	Other income: (i.e.: investments, rental property, etc.) _____	22	Health and Dental (if paid with winter fees)	
Student Assistance (per semester)		Transportation Expenses (per semester)		
6	Provincial Student Grant (per semester)	23	Transportation – Private vehicle owner (ie: payment, insurance, gas, maintenance)	
7	Federal Student Grant (per semester)	24	Transportation – Public (i.e.: Bus pass/taxi/carpool)	
8	Bursaries, Scholarships, and Awards	25	One return trip to college – claim \$20 per 100 kms for distance from permanent to local address or provide proof of airline ticket	
9	Tuition Vouchers (SWASP, etc.)	Living Expenses (per semester)		
10	Other income: (i.e.: CPP, Pension Benefits etc.) _____	26	Rent or Mortgage - Room / Apartment (include only your portion if sharing accommodations)	
Other Contributions (per semester)		27	Food/ Meal Plan	
11	Contributions from parents/guardians	28	Utilities (Heat & Lights) (include only your portion if sharing)	
12	Contributions from spouse	29	Phone	
13	Other income: _____	30	Internet (include only your portion if sharing)	
ADD 1 – 13: Total Resources		\$	31	Child Care
Debt-Related Resources (per semester)		Other Expenses (per semester)		
14	Provincial Student Loan (per semester)	32	Other medical cost (not covered under insurance plan) _____	
15	Federal Student Loan (per semester)	33	Other (please specify): _____	
16	Credit Card/Bank Loan/Student Line of Credit	Please attach a separate sheet if more space is required		
17	Other (please, specify): _____			
ADD 14-17: Total Debt-Related Resources		\$	ADD 18 – 33: Total Expenses	\$
ADD 1-17: Grand Total				

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:

- 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 16 week period.

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

Signature of Applicant

Date