



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.

NOTE		Incomplete applications will not be processed.	
1. STUDENT INFORMATION			
Name:			Age:
Student Number:	Campus:	Program:	Year: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th

2. Please check all the boxes that apply to your living situation:	
<input type="checkbox"/> I will live with my parent(s)/guardian(s) while attending college.	
<input type="checkbox"/> I will live away from parent(s)/guardian(s) while attending college. Kms from hometown to college: _____	
<input type="checkbox"/> I am an independent student.	
<input type="checkbox"/> I am married/common-law without dependents.	
<input type="checkbox"/> I am married/common-law with dependents. Number of dependents: _____	
<input type="checkbox"/> I am a single parent. Number of dependents: _____	
Parental or Household Income: <input type="checkbox"/> Below 50,000 <input type="checkbox"/> 50,000 – 75,000 <input type="checkbox"/> 75,000 – 100,000 <input type="checkbox"/> Over 100,000	

3. Please check all the boxes that apply to your funding for college:	
<input type="checkbox"/> I am receiving a student loan through Student Aid NL or Student Aid from another province.	
<input type="checkbox"/> I am receiving a student loan or student line of credit through a financial institution (I.e.: bank)	
<input type="checkbox"/> I am receiving funding through the Department of Immigration, Population Growth and Skills (IPGS) or the Department of Children, Seniors, and Social Development (CSSD)	
<input type="checkbox"/> I am receiving funding as an Indigenous student (I.e.: First Nations, Inuit, Métis, or other)	
<input type="checkbox"/> 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.	
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STATEMENT OF FINANCIAL NEED			
<p>Financial need will be determined from the budget below.</p> <p><i>The Income Section and Expenses Section MUST be completed.</i></p> <p><i>**You may be required to show documentation of expenses**</i></p> <p><i>YOU <u>MUST</u> SHOW INCOME, INCOMPLETE FORMS WILL NOT BE CONSIDERED.</i></p>			
INCOME (Winter semester)			
Student Aid Loan (as shown on assessment for Jan – Apr 2025)	\$	Family Support (i.e.: parents, spouse, grandparents, etc.)	\$
Student Aid Grant (as shown on assessment for Jan – Apr 2025)	\$	Bursaries, Scholarships, and Awards	\$
Savings Used for Winter Semester Only	\$	Tuition Vouchers (SWASP, etc.)	\$
Funding (i.e.: IPGS, Indigenous, EI, etc., including tuition, living allowances and other expenses paid by the agency)	\$	Employment (part-time or full-time work while attending college)	\$
Bank Loan (Credit card, student line of credit)	\$	Other income: _____ (i.e.: CPP, Pension Benefits, Workers Comp) *Do not include Child Benefit (NLCB)	\$
MONTHLY EXPENSES		COLLEGE EXPENSES (Winter semester)	
Housing (Add together your rent/mortgage, utilities, internet, cable) *Include only your portion if sharing	\$	Tuition and Fees	\$
Food / Meal Plan	\$	Books	\$
Cell Phone	\$	Supply Costs (do not include computer)	\$
Transportation (Gas, insurance, car payment)	\$	Other: _____ (Please specify, i.e.: Exam fees, licenses, medicals, etc.)	\$
Childcare (if applicable)	\$		
Other Expenses: _____ (Please specify, i.e.: bank loan, medical expenses)	\$		
<p>I hereby make the following declaration:</p> <p>1. I have answered all questions, which are applicable to me, and the answers given by me are true.</p> <p>2. I shall be a full-time student for the academic year/semester in which this application is made.</p> <p>3. I have stated my financial situation based on the winter semester.</p> <p>Permission is hereby granted for the Awards Committee to obtain further information required from appropriate individuals/agencies.</p> <p>_____ Name: Print or Sign</p> <p>_____ Date</p>			