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 CNA Foundation 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:** ☐1st ☐2nd ☐3rd ☐4th

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 an independent student. (a person who is responsible for own living arrangements & finances prior to starting college)

☐ I am married/common-law without dependents.

☐ 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.

☐ I am receiving a student loan from another province. Please specify province: _____
(Notice of Assessment must be submitted with this form)

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

☐ I am receiving funding through the Dept of Jobs, Immigration and Growth (JIG), EI, or the Department of Children, Seniors, and Social Development (CSSD)

☐ I am receiving funding as an Indigenous student: _____ (I.e.: First Nations, Inuit, Métis, or other)

☐ Other Funding (not listed above): _____

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 income & expenses*****

YOU MUST SHOW INCOME; INCOMPLETE FORMS WILL NOT BE CONSIDERED.

INCOME (Winter semester)			
Student Aid Loan (as shown on assessment for Jan – Apr 2026) **(For Student Aid outside of NL, you must submit your Notice of Assessment)**	**$**	**Family Support (i.e.: parents, spouse, grandparents, etc.)**	**$**
Student Aid Grant (as shown on assessment for Jan – Apr 2026) **(For Student Aid outside of NL, you must submit your Notice of Assessment)**	**$**	**Bursaries, Scholarships, and Awards**	**$**
Savings and/or RESP (Education Fund) **(Please check box (s) that apply, and the amount for the winter semester)**	Savings ☐ RESP ☐ **$**	**Tuition Vouchers (SWASP, etc.)**	**$**
Funding (specify): _____ **(i.e.: JIG, Indigenous, EI, etc., include tuition, living allowance and other expenses paid by the agency)**	**$**	**Employment while attending college** **(Please check box, and estimate income for the winter semester)**	Part-time ☐ Full-time ☐ **$**
Bank Loan (For winter semester only) **(Credit card, and /or 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 per month (Add together your rent/mortgage, utilities, internet, cable) ***Include only your portion if sharing**	**$**	**Tuition and Fees for winter semester**	**$**
Food / Meal Plan per month	**$**	**Books for winter semester**	**$**
Cell Phone per month	**$**	**Supply Costs** ***(do not include computer)***	**$**
Transportation per month **(Gas, insurance, car payment)**	**$**	**Other: _____** **(Please specify, i.e.: Exam fees, licenses, medicals, etc.)**	**$**
Childcare per month (if applicable)	**$**		
Other Monthly Expenses: **_____** **(Please specify, i.e.: bank loan, medical expenses)**	**$**		

I hereby make the following declaration:

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

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

_____ _____

Name: Print or Sign **Date**