

It is the student's responsibility to ensure this application is completed in full. Incomplete applications including a lack of signature may result in disqualification. **Please attach your Unofficial Transcript** to the back of this application. It can be printed through your myLangara account. **Please complete in ink.**

STUDENT INFORMATION

[RESET FORM](#)

LEGAL LAST OR FAMILY NAME:

LEGAL FIRST OR GIVEN NAME:

LANGARA ID:

SOCIAL INSURANCE NUMBER (SIN):

GENDER: Male Female Other

DATE OF BIRTH:
(mm/dd/yyyy)

STREET ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

EMAIL:

PHONE:

PROGRAM OF STUDY:

CITIZENSHIP STATUS:

Canadian Citizen Permanent Resident Protected Person International Student

MARITAL STATUS (CHECK ALL THAT APPLY) *If you are a single parent and living common-law, please check both boxes

Single Separated/Divorced Married Single Parent Common-law

While in studies, will you be living with your parent(s)/stepparent/
legal guardian or live in a home rented or owned by them?

Yes No

NUMBER OF CHILDREN/DEPENDANTS:

AGES:

If you are a single parent, are your children living with you?

Yes No

I wish to declare that I am of Indigenous ancestry.

(A copy of your Status card or other Indigenous ID may be requested if it is not on file)

Yes No

Do you have a permanent disability with StudentAid BC or are you registered
with Langara Accessibility Services and receiving accommodations?

Yes No

Have you lived as a Youth in Care in British Columbia?

Yes No

This application will assess you for all available bursaries that you qualify for.

If you are applying for a particular bursary, please specify:

You will be notified of your eligibility by email by the end of the 3rd month of the term (Mar, Jul, Nov). If you are denied, you are able to appeal our decision and will be given a time frame to do so. If you are successful, you will have your bursary first applied towards any outstanding tuition. Remaining funds will be made available as a cheque at Registrar and Enrolment Services.

A thank you note to our bursary donors may be requested.

COMPLETE SPENDING PLAN FOR YOU (& SPOUSE) FOR THE CURRENT TERM (4 MONTHS)

Estimated Resources Available for the Entire Term		Estimated Expenses for the Entire Term	
Savings as of the first day of the term <i>Do not include student loan funding</i>	\$	Tuition	\$
Net After Tax Income from Work	\$	Books and Supplies	\$
Government Student Loans	\$	Rent or Mortgage <i>If you live with your parent/stepparent and pay rent, please supply copies of bank statements for the last 4 months</i>	\$
Government Student Grants	\$	Utilities <i>Cell, internet, hydro, etc.</i>	\$
EI/PWD/Income Assistance	\$	Food	\$
Sponsored Funding (Indigenous/Gov't) <i>Include living costs, tuition, and books</i>	\$	Clothing	\$
Financial Assistance from Parents or Other Family	\$	Miscellaneous (hygiene, household, fitness) <i>Must detail below</i>	\$
Spouse/Common-law Partner's Net Income	\$	Childcare (Include subsidy)	\$
Credit Cards/Line of Credit <i>The amount of debt you need to use to help pay for your expenses for this term</i>	\$	Transportation (Upass included in tuition) <i>Must detail below</i>	\$
Childcare Subsidy	\$	Medical/Dental (Not covered by Langara Health/Dental Plan) <i>Must detail below and submit receipts</i>	\$
GST Rebate and/or Canada Child Benefit	\$	Exceptional <i>Must detail below and submit receipts</i>	\$
Any Other Income Resources	\$	<i>Please note that miscellaneous, transportation, medical dental, and exceptional expenses will not be considered unless they are detailed below</i>	
Total Resources	\$	Total Expenses	\$

TOTAL EXPENSES MINUS (-) TOTAL RESOURCES (=) TOTAL NEEDED: \$ _____

Miscellaneous, transportation, medical dental, and exceptional expenses will not be considered unless they are detailed below

Miscellaneous: _____

Transportation: _____

Medical/Dental (*Receipts or estimates from the professional required*): _____

Exceptional (*Receipts or documentation required*): _____

Please explain what circumstances have made it necessary for you to apply for a bursary and/or if you have a financial emergency (Attach an additional page if necessary).

Please outline your school/community involvement in extracurricular activities and demonstrated leadership performance. (Attach an additional page if necessary).

AUTHORIZATION TO RELEASE INFORMATION RELATING TO BURSARIES

- By signing this release, you consent that, a Financial Aid Advisor or designate may disclose your personal information, including your name and program, to the donor of any bursary awarded. The donor may use the information for auditing or reporting purposes.
 YES NO
- By signing this release, you consent that, the Langara College Foundation may use any comments you make in your thank you letter to promote scholarships and bursaries. YES NO

COLLECTION, USE, AND DISCLOSURE OF STUDENT INFORMATION

- All information provided on this application is complete, accurate, and truthful to the best of my knowledge.
- Langara College collects the information on this form under the authority of the College and Institute Act [RSBC 1996, Ch. 52, S. 41.1]. Financial Aid Services will use and disclose the information to review, process, and award bursaries and scholarships to eligible students in compliance with the provisions of the Freedom of Information and Protection of Privacy Act [RSBC 1996, Ch. 165]. Any information disclosed in this application is subject to audit and you may be asked to provide proof of any expenses or income listed in the application. Direct questions about compliance with the Freedom of Information and Protection of Privacy Act to the Associate Registrar, Financial Aid Services, Langara College, 100 West 49th Avenue, Vancouver, B.C., V5Y 2Z6, Phone: 604.323.5219.

Please note: a T4A will be issued for all awards greater than \$500. For more information, please visit the CRA website.

Please remember to sign your application. Incomplete applications may be delayed.

STUDENT’S SIGNATURE:

DATE:

OFFICE USE ONLY			
DATE RECEIVED:	CANADIAN CITIZEN/PR/PROTECTED PERSON: <input type="checkbox"/> Yes <input type="checkbox"/> No		
FEES PAID: <input type="checkbox"/> Yes <input type="checkbox"/> No	AMOUNT OWING:		
GOOD STANDING: <input type="checkbox"/> Yes <input type="checkbox"/> No	# OF SEMESTERS (Excluding current semester):		
# OF CREDITS THIS SEMESTER:	CGPA:		
TOTAL NEED:	FAO INITIAL:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied <input type="checkbox"/> Appealed
DONOR:	FUND:	AMOUNT:	MANAGER:
DONOR:	FUND:	AMOUNT:	MANAGER: