



APPLICATION FOR BURSARY

I, _____ hereby confirm that I am a CASC/ACSS student taking a CPE or PCE course at an accredited site on a full time or part time status for the _____ academic year.

I wish to apply for the Reverend Archie MacLachlan Memorial Bursary, advise that I have read the documentation attached, and confirm that I comply with the obligations, intent and restrictions of the bursary, and am therefore eligible.

I am attaching the required documentation of the Financial Analysis.

DEADLINE FOR APPLICATIONS IS May 31st .

COMMENTS:

Dated	Signature
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Please return 1. application form, 2. the financial analysis, 3. the personal statement, 4. the reference letter from your Teaching Supervisor and 5. CASC/ACSS membership if you are not a current member. This package needs to be emailed(electronic copy) and mailed (originals with signatures) to the Foundation Office:

Canadian Foundation for Pastoral Practice and Education
140 Bayview Drive
Hacketts Cove, Nova Scotia, Canada B3Z 3J9
Local: 902-820-3085 Fax: 902-820-3087
Toll Free: 1-866-442-2773
Email: kathy@spiritualcare.ca

IMPORTANT GUIDELINES

- Students must be registered in a CASC/ACSS course in order to receive a bursary.
- All sections of the application must be complete.
- Incomplete applications will not be considered by the committee.
- If your bursary is unsuccessful, you may reapply next year. There are no appeals on bursary decisions.
- The bursary process takes approximately six weeks.
- Please note that a letter will be sent to all students indicating the outcome of their bursary application.
- Students must be a member of CASC/ACSS (If you are not currently a member of CASC the Membership form and payment must be included with this form.)

Application for Financial Aid

1. Date: _____
Day Month Year

2. Phone Numbers: Home: _____ Office: _____

3. Name: _____
Surname or Last name Given Name(s) Known As

4. Local address: _____
Street City/Town Prov. Postal Code

5. Permanent Address: (if different from above)

Street City/Town Prov. Postal Code

6. Social Insurance Number _____

7. Family Information: List dependents and their relationship to you. Identify children under age of 18.

_____	_____
_____	_____
_____	_____

8. Canada Student Loans, Provincial Grants/Bursaries

Have you applied for assistance for this term or academic year? Yes() No() If not, please explain:

9. Debt Structure

Accumulated student loans (including this year) \$ _____
Accumulated loans from the bank, trust/finance companies \$ _____
Outstanding balance on credit cards \$ _____
Private Loans \$ _____

Total Debts \$ _____

10. Assets

Do you own a car? _____ Make _____ Year _____ Value _____

Do you have income from stocks, bonds, or trusts? _____ If yes, amount \$ _____

Do you own real estate? _____ Value \$ _____ Mortgage \$ _____

11. How much money do you think you will need to complete your academic year? \$ _____

12. What will you do if this bursary does not provide enough funds? _____

13. Other scholarships/awards/bursaries applied for:

<u>Name</u>	<u>Possible Value</u>
_____	_____
_____	_____

14. It is important that we understand your financial situation so if you have encountered any unexpected expenses (e.g. illness, fire, break-in, etc) briefly give details:

15. Have you been a successful CASC/ACSS bursary recipient in the past? Yes _____ No _____

A CASH BUDGET

Please state expenses and income for the year. Include all your resources and all your expenses whether or not you have currently spent or received these funds. Please take the time to ensure your figures are accurate.

Costs	\$	X's	Total Cost \$	Resources	Total resource \$
Tuition				Savings	
Books		X 1		Income (yearly)	
Rent per month		X 12		Other \$ Assistance	
Groceries per week		X 52		Other loans	
Phone per month		X 12		Other Scholarships	
Cable per month		X 12		Other Awards	
Utilities per month		X 12		Other bursaries	
Child care per month		X 12		Income tax refund	
Life insurance per year		X 1		Other income	
Home insurance per year		X 1			
Car insurance per year		X 1			
Loan payments per month		X 12			
Mortgage payments per month		X 12			
Pension payments per month		X 12			
Medical/dental expenses (not insured) per year		X 1			
Student Health Plan payment per year		X 1			
Minimum credit card payment per month		X 12			
Meals purchased elsewhere per week		X 52			
Recreation per week		X 52			
Travel expenses per month		X 12			
Income Tax		X 1			
Contributions to charities					
Other (specify)					
Total Costs			Total Resources		

DECLARATION: I certify that this application presents an accurate outline of my financial position. If there is any significant change in the above data, I will inform the Foundation Office before the deadline.

Signature: _____ Date: _____

To maintain the confidential nature of this information, return the form in a sealed envelope to the Foundation Office.