

INFORMATION ABOUT THE INSTITUTION-FUNDED SPECIAL BURSARY PROGRAM

What is the Institution-Funded Special Bursary?

The Institution-Funded Special Bursary Program (ISBP) offers financial assistance to help cover your educational costs.

You may be eligible for a bursary if you are taking postsecondary courses on a part-time basis at a publicly-assisted college or university in Ontario and your family income is below a certain level.

You may also be eligible for a bursary if you are taking postsecondary courses on a full- or part-time basis to upgrade your academic skills.

The amount of bursary you may receive for the academic year will depend on your eligible educational costs (e.g., tuition; books, supplies and transportation).

Eligibility

You may be eligible for a Special Bursary if:

- You are a Canadian citizen, permanent resident, or Protected Person as defined in the Immigration and Refugee Protection Act (Canada);
- Your family income is below the threshold for a given family size;
- You are not receiving grant or loan funding from:
 - The Ontario Student Assistance Program (OSAP);
 - The Canada Student Loans Program (CSLP);
 - Second Career;
 - A student financial assistance program from another province, territory or country.
- You are taking courses at a provincially-assisted college or university in Ontario and are:
 - Enrolled on a part-time basis in a postsecondary program that leads to a degree, diploma, or certificate, or;
 - Taking courses on a full- or a part-time basis to upgrade your academic skills.
 Check with the college or university financial aid office to find out which programs are approved.
- Your study period is at least four weeks in length.

You are considered **part-time** if you are enrolled in courses that constitute less than 60% of a full course load. If you are a student who has a permanent disability and are studying at between 40% and 60% of a full course load you can choose to be treated as full- or part-time. If you choose to be considered part-time, you are eligible to apply for a Special Bursary through ISBP.

Here are examples of a part-time course and credit load:

- If 5 courses are considered a full course load, then 2 courses are 40 percent ($2 \div 5 \times 100 = 40$).
- If 30 credits are considered a full course load, then 16 credits are 53 percent ($16 \div 30 \times 100 = 53$).

In some cases, factors other than courses or credits are used to determine course load. Contact your financial aid office if you are unable to determine your course load.

Conditions for Special Bursary

You cannot receive a Special Bursary during the same study period in which you are receiving OSAP, CSLP, Second Career, or student financial assistance from another province, territory or country.

However, if you have extra education-related expenses for services and equipment resulting from a disability, you may also be eligible for an Ontario Bursary for Students with Disabilities (BSWD). Contact your financial aid office for more information.

If you leave school or drop a course, you may be required to repay a portion of the Special Bursary back to your institution. You may not be entitled to the full amount of the Special Bursary if you do not finish the course(s) as planned.

Funding received through a Special Bursary is taxable. If you receive a bursary, your institution will issue you a T4A in February indicating the total amount of bursary assistance.

Application Process

To apply for a Special Bursary, complete and submit to your financial aid office a paper copy of the application form, or an electronic copy, if available at your institution.

COMPLETING THE BURSARY APPLICATION

You will find instructions for completing individual questions or items on the application form itself. Questions or items that need additional explanation are listed below for several Sections of the application. If you need more information or help completing the application, contact your financial aid office.

If you are married or are in a common-law relationship, the application form must be completed by you and your spouse.

SECTION 1: PERSONAL INFORMATION

104-108 Address

All correspondence will be sent to the address you enter here. If you move, you must give your new address to your financial aid office.

112 Marital status

Indicate what your marital status will be as of the last day of the month in which your program begins.

If you are in a common-law relationship, check "Married". For the purposes of the ISBP, a common-law relationship exists when:

- You and your spouse have been living together in a conjugal relationship for at least three years; or
- You and your spouse are raising any children of whom you both are the natural or adoptive parents.

The following documentation is required:

- If you are married, provide a photocopy of your marriage certificate.
- If you are separated, provide a copy of your legal separation agreement or court order.
- If you do not have a separation agreement or court order, you must provide an affidavit indicating the date of separation.
- If you are divorced, provide a copy of your divorce judgement or order.
- If you are in a common-law relationship, provide an affidavit signed by you and your spouse confirming that you are in a common-law relationship.
- If you are widowed, provide a copy of your spouse's death certificate.
- If you are a sole-support parent, and never married, provide an affidavit signed by you confirming that you are a sole-support parent.
- If you have dependent children, you must provide proof of each of your child(ren)'s date of birth (e.g., Canada Child Tax Benefit statement).

Indicate the name and address of your spouse if his or her address is different from yours.

113 Citizenship Status

The following documentation is required:

Protected Persons

A Protected Person is defined in subsection 95(2) of the Immigration and Refugee Protection Act (Canada). If you are a protected person, you must provide a photocopy of your valid Protected Persons Status Document and a photocopy of your temporary Social Insurance Number (SIN) card.

Permanent Resident

If you are a Permanent Resident, you must provide a photocopy of your Canada Immigration Record or your Permanent Resident Card.

SECTION 3: INCOME INFORMATION

300 Type of government income

Indicate the type of government income you expect to receive during your program of study. If you checked "Other", provide details about the type of assistance you will receive on a separate sheet and attach this sheet to your application form.

301-303 Gross Income from the Current Year

Include income from all sources, except GST rebates, Child Tax Benefits, assistance received through the federal Universal Child Care Benefit, and funding from the BSWD.

Do not include pain and suffering awards, including WSIB Non-economic loss (NEL) awards, in amounts less than \$100,000. Any amount over \$100,000 is considered income in the period it was received. If payments are made for different incidents, the payments related to each incident are exempt up to \$100,000.

Proof of Income

You must provide proof of your income and your spouse's (including common-law) income, if applicable. Proof of income includes copies of pay stubs from Ontario Disability Support Program (ODSP) or Ontario Works (OW) (or a letter from a caseworker), pay stubs from other government income such as Canada Pension Plan Disability Benefits, Loss of Earning Benefits (WSIB) or Employment and Training Allowance, copies of employment pay stubs, and letters from employers confirming actual gross monthly income.

REQUIRED DOCUMENTATION CHECKLIST

You are required to provide with your application, the following supporting documentation:

- Marital Status (If you are married, in a common-law relationship, separated, divorced, widowed, or a sole-support parent).
- Citizenship Status (If you are a Protected Person or Permanent Resident).
- Proof of Income, including government assistance, for you and your spouse (if applicable).
- Proof of each of your child(ren)'s date of birth (if applicable) (e.g., Canada Child Tax Benefit statement).

Queen's University Institution-Funded Special Bursary



The personal information on this form is collected under the authority of the Royal Charter of 1841, as amended. The information collected will be used by the Office of the University Registrar to take action on your ISBP account as per your request as identified on this form. For more information, please contact the Office of the University Registrar, Financial Aid and Awards, Queen's University, Gordon Hall. Telephone: (613) 533-2216.

SECTION 1: PERSONAL INFORMATION

100 Social insurance number _____ **101** Student number _____ Academic year (e.g., 2015-2016) _____
102 Last Name _____
103 First name and middle initial _____
104 Address (number and street) _____ **105** Apartment _____
106 City, town, or post office _____ **107** Province _____
108 Postal Code _____ **109** Area code and telephone number _____ **110** Date of birth _____
 Month Day Year **111** Gender 1 Male 2 Female
112 Marital status (*attach proof)
 1 Single 4 Divorced*
 2 Married/common-law relationship* 5 Separated*
 3 Sole Support Parent* 6 Widowed*
 Name and address of spouse _____
113 Citizenship status (*attach proof)
 1 Canadian Citizen 2 Permanent Resident* 3 Protected Person*
114 Number of children 11 years and younger that you and your spouse (if applicable) support (*attach proof) _____ **115** Number of children 12 years and older that you and your spouse (if applicable) support (*attach proof) _____ **116** Do you receive subsidized child care?
 1 Yes 2 No

SECTION 2: EMPLOYMENT INFORMATION

200 Your current employment status
 Full-time Self-employed
 Part-time Unemployed
 If unemployed, list source(s) of government income/support. (e.g., Ontario Works, Ontario Disability Support Programs, Employment Insurance, etc.) _____
201 Spouse's current employment status
 Full-time Self-employed
 Part-time Unemployed
 If unemployed, list source(s) of government income/support. (e.g., Ontario Works, Ontario Disability Support Programs, Employment Insurance, etc.) _____

SECTION 3: INCOME INFORMATION (attach proof of income)

300 Type of government income you expect to receive during your program of study
 Employment Insurance Employment and Training Allowance Ontario Works
 Loss of Earnings Benefits (WSIB) Ontario Disability Support Program
 Other _____
301 Your estimated gross income for the current year _____
302 What do you expect your weekly income to be during your program of study? _____
303 Spouse's estimated gross income for the current year. _____ **304** What does your spouse expect his or her weekly income to be during your program of study? _____
305 Are you receiving assistance under any of the following programs?
 Canada Student Loan Yes No
 Second Career Yes No
 Canada-Ontario Integrated Student Loan Yes No
 Part-Time Canada Student Loan Yes No
 Student Financial Assistance from another province/territory Yes No
 Student Financial Assistance from another country Yes No

SECTION 4: EDUCATION HISTORY

400 What is the highest secondary school grade you have completed? Grade

401 When did you complete this grade? Month Year

402 Name of school and province or country in which school is located

403 List all courses or programs you have taken at a postsecondary institution since you left high school. Attach a separate sheet if you need more space.

Name of postsecondary institution	City, province, and country	Full-time	Part-time	Program	From		To		Certificate or degree received
					Month	Year	Month	Year	

SECTION 5: INFORMATION ABOUT YOUR COURSE OR PROGRAM

500 Name(s) of course(s)	501 Course number	502 Course dates						503 Course length (number of weeks)
		From			To			
		Day	Month	Year	Day	Month	Year	

CONSENTS AND DECLARATIONS

Applicants Declaration (REQUIRED):

- I have given complete and true information on this application form.
- I will keep a copy of my application and all required supporting documentation in the event that I am required to produce this information for audit, verification, inspection or investigation purposes.
- I understand that I am responsible for providing all required supporting documentation as indicated on my application or as directed by the Financial Aid and Awards Office in respect to my eligibility for this award.
- I will promptly notify the Financial Aid and Awards Office in writing of changes to my address and/or financial, academic, family, and/or study-period status, or if any other information that I have provided changes.
- I understand that any change to the information I provide and any change resulting from verification and audit may affect my eligibility and the amount of my bursary.
- I will not receive student financial assistance from any other province, state, or country while receiving this bursary.
- I understand that if I fail to provide complete and true information or any changes to my address and/or financial, academic, family, and/or study period status, the university may restrict me from receiving ISBP in the future.

I have read and understood this section, including the notice of collection, use and disclosure of my personal information, and my signature attests to my consent to the indirect collection, use, and disclosure of my personal information, and that my declaration is complete and true.

Applicant Signature: _____ Date: _____

Consents, Declarations and Signatures of Spouse and Spouse's Consent to the Indirect Collection and Disclosure of Personal Information (REQUIRED):

- I understand that the information on this form, including my employment and income information, is a necessary part of the calculation of an ISBP award to the applicant. The information I have given is complete and true.
- I understand that the personal information I provide in connection with this applicant can be accessed by the applicant. Other personal information relevant to a reassessment will be disclosed to the applicant and any person(s) authorized by the applicant to have access to all information in the applicant's ISBP file.
- I understand that I can withdraw any consent I have given in this section by writing to the Financial Aid and Awards Office, any time before the applicant accepts an ISBP award. I understand that if I withdraw any consent it will affect the applicant's eligibility for and the amount of an ISBP award.

I have read and understood all parts of this section, including the notice of collection, use and disclosure of my personal information, and my signature attests to my consent to the indirect collection, use, and disclosure of my personal information and that my declaration is complete and true.

Spouse's Signature: _____ Date: _____

INSTITUTION APPROVAL AND FUNDING BREAKDOWN

FOR OFFICE USE ONLY									
800 Name of program	801 Institution code			802 Percentage of full course load			803 If applicant is a previous bursary recipient, were courses in which he or she was registered success-fully completed?		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
804 Tuition fees	805 Compulsory fees	806 Books & Equip	807 Travel costs	808 Child Care costs	809 Total requested	810 Cheque amount			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Additional Information									
I certify that the above-named person is registered as a student in the course(s) shown in line 500 in an OSAP approved program and that he or she is eligible to receive assistance under the Institution-Funded Special Bursary Program. I recommend that this applicant receive a bursary in the amount indicated in line 810.									
FAA signature			Title			Date			
X									