



Partial Funding Request Form

Regional Assessment and Resource Centre (RARC) & Mobile Assessment Team (MAT)

Mackintosh-Corry Hall, Room B100 | 68 University Avenue, Kingston, ON K7L 3N6 P: (613) 533-6311 | F: (613) 533-6564 | E: rarc@queensu.ca or rarcmat@queensu.ca

Please complete this form if you are <u>not</u> OSAP/BSWD eligible and are <u>not able to pay the full amount</u> that corresponds with your or your parent(s)/guardian(s) income on the Sliding Scale Fee section of the Financial Contract form.

Full Naı	me: Date of Birth (mm/dd/yyyy):
E-mail <i>i</i>	Address:
1.	My advisor has explained to me the RARC assessment funding definitions for dependent and independent students (as used in Ontario Student Assistance Program (OSAP) funding applications). I have read these and declare that I am:
	An independent student (out of high school for greater than or equal to 4 years)
	A dependent student (out of high school for less than 4 years)
•	ndent students provide their own income tax assessment forms dent students provide their parent(s)/guardian(s) income tax assessment forms
	cial circumstances have changed since the previous income tax assessment, or if there are situations in which you parent(s)/guardian(s) feel we should be aware of, please provide these details below:
free a	e send this form and the RARC Financial Contract via SecureDocs (go to www.securedocs.ca), register for a count, and send documents to rarc@queensu.ca . Within 72 hours, you and your advisor will be e-mailed (unless wise specified) with the determined assessment fee you will be required to pay.
Studen	t Signature: Date: