

Essex County Pharmacists' Association

Bursary Application 2012

Candidates for bursary assistance must satisfy the following conditions (Please read carefully):

1. Bursary funds are designed to assist those student who have explored all other avenues of financial assistance (e.g. family support, Ontario Student Assistance Program) and still have unmet financial need. It is essential that you complete all four pages of this application and explain in detail any exceptional expenses or circumstances.
2. The candidate must be a full-time student in a recognized Faculty of Pharmacy program leading to a B.Sc.Pharm., Pharm.D., or equivalent. Full completion and recognition by faculty of all prerequisites will allow the application to be processed.
3. The candidate must be a **graduate of a secondary school in Essex County**.
4. For bursaries in the final two years of studies, candidates must agree to return and practice in Essex County for a period of 12 months per award accepted. Failing that, the last two awards must be repaid.
5. The candidate must not have received more than three E.C.P.A. awards in the past.
6. The candidate must submit the completed bursary application to the E.C.P.A. bursary committee by **January 31 2012 to:**
E.C.P.A. Bursary Committee
6234 Wales Crt.
LaSalle, ON N9J 3R7
7. **Failure to completely answer all questions will void the application.**

Personal Information

Name in Full _____ Maiden Name _____

Seasonal Address _____
(September - May)
including Postal Code _____

Telephone _____ E-mail _____
including Area Code _____ Expiry Date at
this address _____

Home Address

Same as above, or _____

Telephone _____
including Area Code _____

Marital Status Single Married Other

Status in Canada Canadian Citizen Permanent Resident Student Authorization Other

Academic Information

High School Attended _____ Location _____

Social Insurance Number _____ Date of Birth (yyyy/mm/dd) _____

University/College _____ Program Year (1st, 2nd, 3rd, etc) _____ Program (B.Sc.Pharm, etc.) _____

Budget Outline

Please provide the following summary for the eight month period from September to April of the current academic year.

Married students should indicate their total family income (after tax and other compulsory deductions) and total family expenses.

Financial Resources (indicate CDN or USD)

Summer Savings		
Previous savings		
Earnings during session		
Family Contribution (Parents/Guardian Spouse)	per week / month	
O.S.A.P. and/or other government aid (including loan and grant)		
Scholarships / Other Bursaries		
Other (specify) _____		
Total Resources		

Estimated Expenses (indicate CDN or USD)

Total fees		
Books / instruments		
Residence / Rent	per week / month	
Food	per week / month	
Transportation	per week / month	
Medical / Dental	per week / month	
Recreational	per week / month	
Miscellaneous / personal	per week / month	
Total expenses		

Please provide details of any unusual expenses:

The following information will help the Bursary Committee understand more fully your financial situation. *Please provide the requested additional information on pages 3 and 4.*

Family information

To be completed by all students.

Gross annual income
 Father/Guardian/Spouse (Circle one) \$ _____

Mother \$ _____

Number of Dependents in family _____ Number attending university _____

Employment information

Summer
 Total Summer Earnings \$ _____

Amount Saved for University Expenses \$ _____

If you were not employed, or were unable to save a reasonable portion of your earnings, please explain.

School year
 Are you working part-time during the current academic year? yes no

If you answer yes, provide details of where you work (city, name of workplace, etc.).

Government Assistance (Mandatory)

(O.S.A.P., Canada Student Loan, or other government aid.)

Have you applied for assistance for the current academic year? yes no

Have you appealed your O.S.A.P. award? yes no

If you answer **no** to either question, please elaborate.

I hereby certify that the information provided on this application is, to the best of my knowledge, true and complete, and I understand that the information contained herein will be reviewed and kept confidential by the Essex County Pharmacists' Association Bursary Committee.

The bursaries offered by the E.C.P.A. Bursary Committee to qualified candidates are conditional on permission to release the name and amount of the bursary to the media. A photograph may be required to be taken of the bursary winner(s) for media purposes. Do you agree to the release of such information and to the photograph of yourself to the media should you be a bursary winner?

- yes no

(Candidates who indicate "no" *will not* be considered for bursaries from the Essex County Pharmacists' Association Bursary Committee.)

Signature _____ Date _____

E.C.P.A. Bursary Committee Use Only

Decision

- No
 Yes

Value: _____

Comments:

Signature

Date