



GABRIEL DUMONT INSTITUTE
of Native Studies and Applied Research
917 – 22nd Street West Saskatoon, SK S7M 0R9



Gabriel Dumont College
Graduate Student Bursary Program
Financial Declaration

Instructions

- Read the Financial Declaration carefully and answer each question (please print clearly).
- Applications and supporting documents must be forwarded directly to:
Secretary, Selection Committee - GDC Graduate Student Bursary Program
Gabriel Dumont Institute of Native Studies and Applied Research
917– 22nd Street West
Saskatoon, SK S7M 0R9
Phone: 306-242-6070 or 1-800-488-6888 Fax: 306-242-0002
- If you have any questions, please contact the Secretary of the Selection Committee at (306) 242-6070.
- Applications must be received by the Secretary of the Selection Committee by April 6 or October 6 annually.

Applicant Demographic

Legal Surname: _____ Legal Given Name: _____ Legal Middle Name: _____

MAILING ADDRESS (where you want documents sent):

Apt # _____ Street address: _____
City: _____ Province: _____
Postal Code: _____ Phone: (____) _____ Work: (____) _____ Cell: (____) _____
Email: _____

PERMANENT ADDRESS (if different than mailing address):

Apt # _____ Street address: _____
City: _____ Province: _____
Postal Code: _____ Phone: (____) _____ Work: (____) _____ Cell: (____) _____
Email: _____

Indicate your Marital Status:

- Single Married Common-law Separated Divorced Widowed

Applicant Dependents

Dependent's Legal Given Name:

Dependent's Legal Surname:

Sask. Health Services Number:

Date of Birth:

____-____-____

____________ (MM\DD\YYYY)

Do you require full-time daycare for this dependent? Yes No

If yes, is daycare subsidized? Yes No

Dependent's Legal Given Name:

Dependent's Legal Surname:

Sask. Health Services Number:

Date of Birth:

____-____-____

____________ (MM\DD\YYYY)

Do you require full-time daycare for this dependent? Yes No

If yes, is daycare subsidized? Yes No

Dependent's Legal Given Name:

Dependent's Legal Surname:

Sask. Health Services Number:

Date of Birth:

____-____-____

____________ (MM\DD\YYYY)

Do you require full-time daycare for this dependent? Yes No

If yes, is daycare subsidized? Yes No

Dependent's Legal Given Name:

Dependent's Legal Surname:

Sask. Health Services Number:

Date of Birth:

____-____-____

____________ (MM\DD\YYYY)

Do you require full-time daycare for this dependent? Yes No

If yes, is daycare subsidized? Yes No

Government Student Loans

Have you applied for or received government student loans to fund the current session applied for?

Yes No

If Yes, Province/Territory that authorized your most recent student loan _____

Value of assistance (if known): Canada Student Loan \$ _____ Provincial Student Loan \$ _____

Date received/expected: ____________ (MMDD\YYYY)

Applicant Program

Tuition and Books

Will your tuition be paid by another agency? Yes No

If Yes, indicate name of sponsoring

agency: _____

Cost of Tuition (for this study period) \$ _____

Will your books be paid by another agency? Yes No

If Yes, indicate name of sponsoring

agency: _____

Cost of books (for this study period) \$ _____

Program Information

University Name: _____

Program Name: _____

Session Start Date: ____________ (MMDD\YYYY) Session End Date: ____________ (MMDD\YYYY)

Program Level of Study: Master's Degree Doctorate Other. Specify _____

I will be attending the U of R / U of S and taking a total of _____ Credit Hours.

I will be attending a recognized University in Canada or abroad and taking _____% of a full course load.

I am taking this program by correspondence, distance education or internet/web studies. Yes No

I am enrolled as a full-time student in my program. Yes No

State the bursary amount you are requesting for this application to the GDC Graduate Student Bursary Program (mandatory) \$ _____

Applicant Assets – (include Spouse Assets if married/common-law)

Check the box if you (and your spouse, if applicable) do not have any assets as of the first day of your full-time academic period.

Account balance as of the first day of your full-time academic period: \$ _____

Registered Retirement Savings Plans (RRSPs) (as of the first day of your full-time academic period)

Name of RRSP:	Purchase Date:	Current Market Value:
	\ \ mm dd yyyy	\$ _____ .00
	\ \ mm dd yyyy	\$ _____ .00

Other Financial Investments (as of the first day of your full-time academic period)

Name of Financial Investment:	Purchase Date:	Current Market Value:
	\ \ mm dd yyyy	\$ _____ .00
	\ \ mm dd yyyy	\$ _____ .00

Vehicles (as of the first day of your full-time academic period)

Year: Make and Model:	Purchase Date:	Current Market Value:	Leased?
	\ \ mm dd yyyy	\$ _____ .00	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\ \ mm dd yyyy	\$ _____ .00	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Income— (include Spouse Income if married/common-law)

Check the box if you will not have any income during your full-time academic period.

Enter the total **monthly** income before deductions you expect to receive during your full-time academic period.

Type of Income:	Monthly Gross Income:
Full-time Employment	\$ _____ .00
Part-time Employment.....	\$ _____ .00
Self-Employment (Gross Income minus Operating Expenses)	\$ _____ .00
Income from Rental/Room & Board	\$ _____ .00
Employment Insurance (EI) Benefits/HRSD Income	\$ _____ .00
Resettlement Assistance/Immigration Funding.....	\$ _____ .00
Survivor/Old Age/Retirement/Disabled Benefits	\$ _____ .00
Workers' Compensation.....	\$ _____ .00
Social Assistance	\$ _____ .00
Alimony Support.....	\$ _____ .00
Child Support.....	\$ _____ .00
Investment Interest/Dividend.....	\$ _____ .00
Orphan's/Disabled Child Benefits	\$ _____ .00
Indian and Northern Affairs Allowance (INAC).....	\$ _____ .00
Indian Band Funding	\$ _____ .00
Transitional Employment Allowance (TEA)	\$ _____ .00
Scholarships. Specify _____	\$ _____ .00
Bursaries. Specify _____	\$ _____ .00
RESP/Scholarship Trust Fund or Other Educational Savings Plan. Specify _____	\$ _____ .00
Other Educational Funding/Training Allowance Specify _____	\$ _____ .00
Other Income. Specify _____	\$ _____ .00

Academic Period Employer

Name of Employer: _____

Street Address: _____ City/Town: _____ Prov: _____

Area Code and Telephone Number: (____) _____

Will you be employed during your study period? Yes No

Will you be on a **leave** from your job during your study period? Yes No

If yes, will this be a paid or unpaid leave? Paid Unpaid

Please provide the dates of the leave From: ____________ (MM\DD\YY) To: ____________ (MM\DD\YY)

I am planning on working during my full-time academic period and employer information is unknown at this time.

Applicant Expenses– (include Spouse Expenses if married/common-law)

Enter the total **monthly** expenses you expect to pay during your full-time academic period .

Type of Expense:	Monthly Gross Expenses:
Canada-Saskatchewan Integrated Student Loan Payments	\$ _____ .00
Canada Student Loan Payments	\$ _____ .00
Saskatchewan Student Loan Payments	\$ _____ .00
Alimony/Child Support Payments	\$ _____ .00
Rent / Mortgage	\$ _____ .00
Utilities (house).....	\$ _____ .00
Insurance.....	\$ _____ .00
Property Taxes (if applicable).....	\$ _____ .00
Food	\$ _____ .00
Childcare	\$ _____ .00
Entertainment.....	\$ _____ .00
Personal	\$ _____ .00
Other. Specify _____.....	\$ _____ .00

Applicant Consents, Authorizations and Agreements

I apply for financial assistance from the GDC Graduate Student Bursary Program.

Declaration:

I declare that my answers and documents I have provided, or will provide in the future in support of this application are to the best of my information and belief, true in every respect.

Agreement and Reporting Requirements:

I agree to promptly notify the GDC Graduate Student Bursary Program in writing of any changes, including but not limited to my name, address, marital status, educational institution, course load, program of study, income, expenses, and assets, as they occur.

Date: _____ Signature: _____