



This form is used to appeal a bursary decision. Completed forms and any required documentation should be submitted to Student Financial Services, GH112 or scanned and emailed to finaid@guelphhumber.ca from your University of Guelph-Humber email account. Incomplete requests will not be considered for appeal. You will be notified of your appeal decision by email to your University of Guelph-Humber email account.

A. PERSONAL INFORMATION					
Last Name	First Name		Student Number		
Marital Status:	<u> </u>	University of Guel	lph-Humber E-mail		
☐ Single ☐ Married/Common-Law ☐ Sole	Support Parent	-	@guelphhumber.ca		
If you have indicated that you are marri	ied/common-la	w. vour partner is:			
☐ A student at the University of Guelph-Hum		☐ Employed:			
Student ID:			Partner's monthly income after deductions: \$		
☐ A full-time student at another institution		☐ Other:			
If you have children, how many children	n in each age gro	oup will be living wi	ith you full time?		
0-11 yrs old: 12-17 yr	s old:	18-21 yrs old	(and enrolled in post secondary):		
B. Summary of Appeal					
Please describe your financial circumsta	inces that outlin	nes the reasons for	your appeal. Your explanation below will		
be considered by the review committee	. An attached I	etter is also accepta	able.		
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FOR OFFICE USE ONLY			
Decision/Comments/Signature:	Approved		Deny
	Amount:		
	AIDE:		
	On Sar:		
	Cheque:		
	Notified:		

## Please complete the budget below for your study period.

A. Applicant's Income & Financial Resources for the Study Period	
<ul> <li>If you are enrolled for one term, please adjust the number of months accordingly.</li> </ul>	
<ul> <li>Married/Common-Law students' budget should reflect income and expenses for the</li> </ul>	family.
Bank balance(s) of all accounts at the beginning of the study period before paying tuition/expenses	\$
Parent(s)/Partner's contribution towards tuition, fees and livings expenses, etc.	\$
OSAP or Out-of-Province Student Aid	\$
Awards, bursaries and/or scholarships received	\$
Part-time earnings (include work study, GTA, GRA, GSA)	\$
Sponsorship funding (including Band funding)	\$
Registered Educations Savings Plan RESP (current study period withdrawal amount)	\$
Investments (i.e. TFSA, GICs, Mutual Funds, Bonds, etc.)	\$
Government Income (i.e. CPP, ODSP, EI, OW, Child Tax Benefit, etc.)	\$
Student Bank Loan/Personal Line of Credit (available balance only)	\$
All other income not listed above (i.e. Spousal/Child Support, etc.) Specify:	\$
Total Income/Resources	\$

B. Applicant's Expenses for the Study Period			
<ul> <li>If you are enrolled for one term, please adjust the number of months accordingly.</li> </ul>			
Tuition and Incidental Fees	\$	x2 semesters	\$
Books and Supplies	\$	x2 semesters	\$
Rent/Residence	\$	x8 months	
		/2 semesters	\$
Utilities (Hydro/Gas)	\$	x8 months	\$
Phone/Internet	\$	x8 months	\$
Food/Meal Plan	\$	x8 months	
		/2 semesters	\$
Laundry	\$	x8 months	\$
Entertainment/Personal Costs	\$	x8 months	\$
Childcare cost for applicants who have at least one child (must attach receipts			\$
Other costs not listed above (attach an itemized list of what these costs are and include receipts)			\$
		Total Expenses	\$

C. Financial Shortfall		
Subtract total expenses from total income/resources	Total Financial Need \$	

I certify that the information contained in this application is complete and true. I agree to provide Student Financial Services with any documentation necessary to verify the above noted information. I understand that failure to provide such documentation may affect current or future eligibility for the bursary. I further understand that should my eligibility for the bursary be terminated, I may be required to refund any funding I have received from the University under the bursary program.

Student's Signature	Date