

**AMOUNT:**

- Up to a maximum of \$1,000 per year (April 1 to March 30)
- Will be applied directly to tuition fees. No book costs will be covered.

**ELIGIBILITY:**

- Must demonstrate genuine financial need.
- Must be taking a continuing education course that can lead to employment and does not qualify for student loan funding.
- Courses will only be funded once (no funding for repeated courses).

**INSTRUCTIONS:** *(Please read)*

- **One application per student per semester.** Please apply only for those courses you will be taking within the **current** continuing studies semester.
- Please print clearly in **ink**.
- Answer all questions carefully. Incomplete applications cannot be processed and will be returned for corrections or denied.
- Read the declaration at the end of the application and sign.

**DEADLINE:**

- Please apply at least 3 weeks before registering for your course(s).

<b>COURSE INFORMATION</b> For this current continuing studies semester				
<b>Course Name</b>	<b>Course Code</b>	<b>Start/End Date</b>	<b>Tuition Fees</b>	<b>Campus</b>
<i>Example: Medical Terminology</i>	<i>91326 SDU MT02</i>	<i>Sept 17/12 – Dec 20/12</i>	<i>\$400</i>	<i>Abby</i>

## Continuing Education Bursary Application

PERSONAL INFORMATION			
Student Number:		Social Insurance Number:	
Last Name:	First Name:	Previous Last Name:	
Address: <span style="float: right; font-size: small;">Please send all my UFV mail to the following address, effective</span>			
		Y Y Y Y	M M M
		D D	
City:		Province:	Postal Code:
Phone:	E-Mail:	Date of birth:	
		Y Y Y Y	M M M
		D D	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Citizenship: <input type="checkbox"/> Canadian <input type="checkbox"/> Permanent Resident	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married/Common Law <input type="checkbox"/> Widowed <input type="checkbox"/> Separated/Divorced		Do you have any dependents that live with you full time? <input type="checkbox"/> Yes <input type="checkbox"/> No Ages: _____	

INCOME AND ASSETS						
<b>APPLICANT – INCOME</b> (For the 12 month period ending with the last month of your course.)						
<b>Source of Income:</b> Name of employer, Income Assistance, EI or indicate self-employed, etc. (List any Child Tax Credit, child support, alimony, GST Rebate separately.)		From		To		<b>Total Gross</b> Income for Period
		YY	MM	YY	MM	
<b>APPLICANT – ASSETS</b>						
Bank Accounts	RRSP's	Net value of term deposits, GIC's, stocks, bonds, mutual funds etc.		Current value of your leased or owned motor vehicles.		
\$	\$	\$		\$		
<b>SPOUSAL INFORMATION:</b> To be completed by all married/common-law applicants						
<b>SPOUSE/Common LAW – INCOME</b> (For the 12 month period ending with the last month of your course.)						
<b>Source of Income:</b> Name of employer, Income Assistance, EI or indicate self-employed, etc. (List any Child Tax Credit, child support, alimony, GST Rebate separately.)		From		To		<b>Total Gross</b> Income for Period
		YY	MM	YY	MM	
<b>SPOUSE/Common LAW – ASSETS</b>						
Bank Accounts	RRSP's	Net value of term deposits, GIC's, stocks, bonds, mutual funds etc.		Current value of your leased or owned motor vehicles.		
\$	\$	\$		\$		

**ADDITIONAL INFORMATION**

Please provide a brief statement of your career and educational goals and how the Continuing Education course can lead to employment. Also, provide any additional information that may help in determining your financial need.

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Once your Continuing Education bursary has been processed you will receive a letter from the UFV Financial Aid & Awards office stating the funding details.

If you have been approved for funding, The Office of the Registrar will have been notified. You must still register for your course(s) if you have not already done so.

**If you cannot get into the course(s) for which you were funded or need to make changes, you must notify Financial Aid & Awards.** Failure to do so may affect your eligibility for future funding.

The bursary is only valid for the course(s), term, dates that were indicated on your approval letter.

**Submit application packages to either office:**

UFV Financial Aid & Awards  
 33844 King Road  
 Abbotsford, BC  
 V2S 7M8  
 604.864.4601

UFV Financial Aid & Awards  
 45190 Caen Avenue  
 Chilliwack, BC  
 V2R 0N3  
 604.702.2618

**DECLARATION**

I, the undersigned, hereby declare that the information I have provided is complete and true in every respect. I authorize the release of my permanent student record and student financial assistance records for the purpose of award adjudication. If awarded a bursary, I further authorize UFV to release pertinent information to the donor if requested and, I understand that debts outstanding to University of the Fraser Valley will be deducted from the award.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date