

## 2024-25 Indigenous Student Bursary Application

First name:
Last name:
Date of birth:
Day Month Year
Social Insurance Number (SIN):
Student ID:
Email Address:
Program Name:
Program Year and Program Duration (e.g. 1 of 4)  Have you applied for OSAP for your current study period?
□ Yes
□ No
Do you wish to self-identify as an Indigenous person?

DECLARATION OF STATUS Indigenous Student Bursary "I hereby state that I identify as an Indigenous identify as an Indigenous person, defined in C the following groups: First Nation, Métis, or Inc	anada as belonging to one or more of
Indigenous Student Bursary	student. This assertion means that I
DECLARATION OF STATUS	
□ Alternative identity term: (e.g. Kanien'kehá:k	ka, Anishinaabe, Treaty #3, etc.):
□ Inuit	
☐ Métis	
☐ First Nations (Status/Non-Status)	
Do you identify with any of the specific identition categories that apply to you:	es provided below? Please check all
□ No	
□ No	
□ Yes	

## **BUDGET**

Students applying for this bursary must demonstrate financial need. If you have applied for assistance through OSAP, your financial aid office will determine your financial need using information provided on your OSAP application.

Students not applying for OSAP must complete the budget information below for your current study period (e.g., September to April).

• Married or common-law students should indicate their total family income (after tax and other compulsory deductions) and total family expenses.

Financial Resources and Income		Estimat	ed Expenses	
Income Source	Amount	Expense	Expense	
Net income from part-time work or work study		Tuition		
Spouse's income		Books		
OSAP or other government student aid		Residen	Residence	
Other government income		Rent	/month	
Parental Support		Utilities	/month	
Institutional Scholarships, Fellowships, TA, and/or RA income		Food	/month	
Other income (specify)		Transpo	Transportation	
Other income (specify)		Persona	Personal Care	
Other income (specify)		Childcar	e	
		Telepho	ne/Internet	
		Vehicle		
		Other (s	Other (specify)	
Total Income	\$	Total Ex	Total Expenses \$	
Total Income - Total Expenses =			\$	

## **Notice of Collection of Personal Information**

The Ministry of Colleges and Universities (the Ministry) has provided your postsecondary institution with the funding to administer the Indigenous Student Bursary. As a condition of this funding, your postsecondary institution is required to disclose to the Ministry your contact information (including your address and telephone number), the amount of funding you receive from the Bursary program and the date it was awarded, your study period, and information related to your eligibility for the bursary. This personal information will be used by the Ministry to administer and finance the Bursary program. It will also be used to establish the minimum amount of student aid your postsecondary institutions required to provide under the Student Access Guarantee (the Guarantee) and to administer and finance the Guarantee.

If you apply for OSAP assistance, the Ministry will use this personal information to update your OSAP application or award, including your declared income. In addition, the financial aid office at your postsecondary institution will use the personal information you disclose on your OSAP application form to determine your financial need as part of your eligibility for support from the Bursary program.

Administration includes: public reporting on the administration and financing of the Bursary program and the Guarantee; monitoring and auditing your postsecondary institution or its authorized agents to ensure that they are administering the Bursary program appropriately; conducting risk management, error management, audit and quality assessment activities; and conducting policy analysis, evaluation and research related to all aspects of student financial assistance. Financing includes: planning, arranging or providing funding of the Bursary program and the Guarantee.

The Ministry administers the Bursary program and the Guarantee under the authority of the *Ministry of Training, Colleges and Universities Act, R.S.O. 1990, c. M.19*, as amended. If you have any questions about the collection or use of this information, contact the Director, Student Financial Assistance Branch, Ministry of Colleges and Universities, P.O. Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, ON P7B 6G9.

## Consent to the Indirect Collection and Disclosure of Personal Information

 I agree that my postsecondary institution may disclose personal information about me to the Ministry only for the purposes identified above.

I have read and understood all parts of this section, including the notice of collection, use and disclosure of my personal information and my signature attests to my consent to the indirect collection, use and disclosure of my personal information.

Signature	Date