

EMMANUEL BIBLE COLLEGE
APPLICATION FOR STUDENT AID

All information will be kept confidential by the Student Aid Committee. Please submit completed form to the Dean of Student Life.

I. STUDENT INFORMATION

Full Name: _____
Address: _____
Phone: _____ Postal Code: _____
Age: _____ Marital Status: _____ No. of Dependents: _____
Program of Study: _____ Year in College: _____
Are you presently employed: _____ Hours/week: _____
Why are you applying for Student Aid? _____

II. REQUEST

How much money are you requesting? _____
When do you require the money? _____
Are you requesting a: grant _____ loan _____ both _____?
If you are approved for a loan, how will you repay it? _____

III. ONTARIO STUDENT ASSISTANCE PROGRAM INFORMATION (OSAP)

Have you applied for OSAP? yes _____ no _____
If "no", why not? _____

When did you submit your most recent application? _____
If you have been informed of your entitlement, how much did you receive:
In grant? _____
In loan? _____
What is the amount of your current, outstanding OSAP loans? _____

IV. OTHER FUNDING SOURCES

Have you received funding from any source other than personal earnings, Parents, or OSAP (e.g., relatives, church, scholarship, etc.)?
Yes _____ no _____ If "yes", please give details: _____

(continued on other side)

V. BUDGET

Please provide as much detail as possible. If you are applying for the fall semester, please project you expenses and income for both semesters. If you are applying for the winter semester, give your actual expenses and income for the fall and your expected expenses and income for the winter semester.

<u>INCOME:</u>	<u>Fall Semester</u>	<u>Winter Semester</u>
1. Summer earnings	_____	_____
2. Employment during school year	_____	_____
3. Family's contribution	_____	_____
4. OSAP – grant	_____	_____
- loan	_____	_____
5. Other funding	_____	_____
TOTAL INCOME	_____	_____
 <u>EXPENSES:</u>		
1. Tuition	_____	_____
2. Library, Student Activity, Parking	_____	_____
3. Books, school supplies	_____	_____
4. If on-campus – Room & Board	_____	_____
5. If off-campus - Rent	_____	_____
- Utilities	_____	_____
- Food	_____	_____
- Transportation	_____	_____
6. Other living expenses	_____	_____
7. Travel home	_____	_____
8. Other expenses (please identify)	_____	_____
	_____	_____
TOTAL EXPENSES:	_____	_____
Amount requested from Student Aid?	_____	_____

VI. SIGNATURE OF STUDENT

Student Signature: _____ Date: _____

VII. APPROVAL (office use)

Amount approved: grant _____ loan _____

Conditions: 1. _____
 2. _____
 3. _____

Signature of Student Aid Committee Members:

Date approved: _____