



St. Peter's College

Affiliated with the University of Saskatchewan



SPC Financial Need Statement

APPLICANT DEMOGRAPHIC

2016

Last Name

First Name

Middle Initial

Social Insurance Number (SIN)

Date of Birth

Gender

Male

Female

Mailing Address (most current)

Day/Month/Year

Town/City

Postal Code

Home Telephone

Cell Phone

Email Address

We cannot process your application without a valid Social Insurance Number.

If your mailing address changes, notify SPC immediately.

APPLICANT CATEGORY

Independent Status

- Out of high school for 4 years or more
- In the work force for 2 periods of at least 12 consecutive months since leaving high school
- Married or living in a common-law relationship, widowed, divorced or separated
- Single parent with dependent children living with you on a full-time basis
- Parents, guardians or sponsors are deceased

Dependent Status

- None of the above categories applies to you

Dependents (please list all dependent children if applicable)

Name

Birth Date

Name

Birth Date

Name

Birth Date

To be completed by all applicants for awards based wholly or partially on financial need. Please check the boxes that apply.

If more space is required, please attach a separate sheet.

APPLICANT PRE-STUDY PERIOD/STUDY PERIOD INFORMATION

Will you be receiving any other scholarships, awards or bursaries?

- Yes If Yes, indicate name and amount: _____
- No

PRE-STUDY PERIOD is the time between the end of your last period of full-time studies (post-secondary, Basic Education or high school) and your first day of class for the upcoming academic year, to a maximum of 17 weeks. Check the appropriate box to indicate what you will be doing during the majority of this period.

Your pre-study period is generally the four months prior to the start date of your upcoming program unless you were a full-time student during that period.

- Employed Full-time
- Employed Part-time
- Unemployed
- Self-employed
- Attending School Part-time/Full-time
- Home with dependent child 12 months & under
- Unable to work for medical reasons (documentation required)

Indicate where you will be living during **the majority** of your pre-study period.

- Family home (where parents or spouse/children reside)
- Away from family home

Will your place of employment (or residence, if unemployed) be located in the same city/town as your family home where your parents or spouse/children reside?

- Yes
- No

STUDY PERIOD is the time you will be enrolled as a Full-time/Part-time Student.

Indicate where you will be living during **the majority** of your study period.

- Family home
- Away from family home
- St. Peter's College Residence

Having trouble?
Contact us!
(306) 682-7888 or
spc@stpeters.sk.ca

APPLICANT ASSETS (as of the first day of your pre-study period)

- I (and my spouse, if applicable) do not have any assets as of the first day of my pre-study period.

Account balance as of the first day of your pre-study period: \$ _____

REGISTERED RETIRED SAVING PLANS (RRSPs)

Name of RRSP	Purchase Date	Current Market Value
_____	_____	_____

Name of RRSP	Purchase Date	Current Market Value
_____	_____	_____

OTHER FINANCIAL INVESTMENTS

Name of Financial Investment	Purchase Date	Current Market Value
_____	_____	_____

Name of Financial Investment	Purchase Date	Current Market Value
_____	_____	_____

VEHICLES

Year	Make and Model	Purchase Date	Current Market Value
_____	_____	_____	_____

Year	Make and Model	Purchase Date	Current Market Value
_____	_____	_____	_____

Account balance should include total amount of all bank accounts as of the first day of your pre-study period less household expenses such as rent, food and utilities.

In listing all assets, include the assets of yourself and your spouse (if applicable).

APPLICANT INCOME

Have you or will you apply for a Canada Student Loan?

- Yes
- No

Do you plan to work during the 2015/2016 Academic Year?

- Yes, expected monthly salary is \$ _____
- No

Will you receive financial aid from parents or relatives?

- Yes, expected amount is \$ _____
- No

Income from full-time or part-time employment during the pre-study term:

- Yes, expected amount is \$ _____
- No

Scholarships, Bursaries, Fellowships (confirmed):

- Yes, expected amount is \$ _____
- No

EI, Worker's Compensation, Pension, Band Funding, etc.

- Yes, expected amount is \$ _____
- No

Savings available at the start of the Academic Year: _____

Other Income (please specify): _____

TOTAL RESOURCES: \$ _____

Debts	\$ _____
Tuition and Fees	\$ _____
Books and Supplies	\$ _____
Transportation	\$ _____
Food and Lodging	\$ _____
Medical/Dental/Optical	\$ _____
Day Care/Alimony/Child Support	\$ _____
Other (please specify) \$	_____

TOTAL EXPENSES \$ _____

When listing income for your study period, claim the total gross amount for the entire study period, i.e. 8 months.

If your pre-study period is four months, you must list the total gross income that you receive before deductions for that four month period. If your pre-study period is two months, list your total gross income for the two month period only.

If more space is required please attach a separate sheet.

APPLICANT DECLARATION

I hereby declare that I have answered all questions applicable to me and that the answers given by me are complete and true in all respects. If my application for scholarships, awards and bursaries is approved, I will use the proceeds of any awards granted for payment only for education or living costs directly related to my program. I understand that values of scholarships, awards, bursaries, and policies and procedures with regard to the administration of the awards, for which I have applied, may change at the discretion of the College.

St. Peter's College recognizes and respects the importance of privacy. If you have any questions about the collection or use of this information, please call (306) 682-7888 or visit our website.

Signature _____

Date _____

SECTION 2 – Parents, Guardians or Sponsor of Single Dependent Applicant

PARENT 1 – DEMOGRAPHIC

Last Name _____ First Name _____ Middle Initial _____

Relationship to Applicant. Check the appropriate box:

- Parent
- Guardian
- Step-Parent
- Sponsor

Number of other dependents _____

Number of other dependents in post-secondary education _____

Enter your total income from all sources in 2014 _____

If you did not have any income in 2014 please tell us why _____

If you will have a substantially lower income for 2015, please tell us why _____

PARENT 2 – DEMOGRAPHIC

Last Name _____ First Name _____ Middle Initial _____

Relationship to Applicant. Check the appropriate box:

- Parent
- Guardian
- Step-Parent
- Sponsor

Number of other dependents _____

Number of other dependents in post-secondary education _____

Enter your total income from all sources in 2014 _____

If you did not have any income in 2014 please tell us why _____

If you will have a substantially lower income for 2015, please tell us why _____

Both parents (of a two-parent family) must complete this section. Separated or divorced, the custodial parent is the parent with whom the applicant normally resides and only the information of this parent is required.

All references to parents in this section also apply to the student's legal guardians or official sponsors if the student is a sponsored permanent resident.

PARENT DECLARATION

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

Parent 1

Signature _____ Date _____

Parent 2 (if applicable)

Signature _____ Date _____

St. Peter's College recognizes and respects the importance of privacy. If you have any questions about the collection or use of this information, please call (306) 682-7888 or visit our website.