

## CUPE LOCAL 3905 Graduate Award

### Application Form

**Deadline: April 1st**

Awarded to three full-time Graduate Assistants on the basis of financial need who hold a B average. Preference will be given to one international student and one parent.

Successful applicants only will be notified.  
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Mr.    Ms

Surname

Given Name(s)

Lakehead Student Number: \_\_\_\_\_

S.I.N.

Local Address: \_\_\_\_\_

Email:

Program/Department: \_\_\_\_\_

Year of Graduate Studies: *(please circle)*

Masters	1	2		
PhD	1	2	3	4

<input type="checkbox"/> Married/Common Law  Number of Children Residing With You:	<input type="checkbox"/> Single With Children  Number of Children Residing With You:	<input type="checkbox"/> Single Independent	<input type="checkbox"/> Single Dependent (live with a parent or relative)
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Citizenship:

- Canadian Citizen & permanent resident of Ontario (lived in Ontario for at least 12 months in a row)
- Landed Immigrant & permanent resident of Ontario. Date Received:

Have you applied for the Ontario Student Assistance Program (OSAP)?  Yes    No

If the answer to the above question is "No", explain why:

Number of years owing on Canada/Provincial Student Loans (including this year):  
\_\_\_\_\_ years @ \$ 7,000/yr \$

ADDITIONAL INFORMATION/COMMENTS:

Academic Year Budget:				
EXPENSES	Independent	Dependent	RESOURCES	\$
Tuition & Activity Fees (see Calendar)			Savings If no savings declared, explain why.	
Books & Supplies	\$1600	800	Graduate Assistantship	
Rent/Mortgage	10,000		Internal Awards (including LU scholarships & bursaries, etc.)	
Food/Groceries	8,000		External Awards (including NSERC, SSHRC & OGS, OGSST, etc)	
Utilities (including phone, heat, electricity)	4,000		Award from Faculty Supervisor	
Miscellaneous (including personal needs, uninsured dental/medical, prescriptions, clothing, etc.)	5,000		Government Income	
Child Care			OSAP (current year only)	
Other Extraordinary Expenses (does not include payments on credit cards or line of credit)			Other: Specify	
<b>TOTAL EXPENSES</b>			<b>TOTAL RESOURCES</b>	

TOTAL EXPENSES: \$ \_\_\_\_\_ - (minus) TOTAL RESOURCES: \$ \_\_\_\_\_ = **YOUR NEED: \$**

*I certify that this application is accurate. I am aware that should any inconsistencies come to light, I may be required to repay all or part of any award received. As a condition to receiving an award, I agree to my name, program, and year level being published. As a condition to receiving a privately donated award, I consent to my name being released to the award donor.*

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMIT THIS APPLICATION TO:  
Office of Graduate Studies  
Lakehead University**

*The information provided on this form is collected under the authority of the Act Respecting Lakehead University (Statutes of Ontario, 1965). It will be used and disclosed within the University only as shall be necessary for purposes of assessment of eligibility for awards, scholarships, and bursaries, and for their assignment. The names, programs, and year levels of award recipients may be made public. The name of each recipient of a privately donated award may be disclosed to the donor(s) of that award. Any questions about the collection, use, and disclosure of this information should be directed to the Manager, Graduate Studies.*