



University of Saskatchewan  
**GRADUATE STUDENTS' ASSOCIATION**  
**Bursary Application**

<b><u>Section 1: Basic Information</u></b>		
<b>Surname:</b>	Click here to enter text.	
<b>Given Name(s):</b>	Click here to enter text.	
<b>Student Number:</b>	Click here to enter text.	
<b>NSID:</b>	Click here to enter text.	
<b>Are you an Indigenous student?</b> <small>(First Nations status or non-status, Metis, Inuit)</small>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Are you an international student?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Have you previously been awarded a GSA Bursary?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>If you were previously awarded a GSA Bursary, please indicate the <u>year</u> and <u>term</u>:</b>	Click here to enter text.	
<b><u>Section 2: Academic Information</u></b>		
<b>Department:</b>	Click here to enter text.	
<b>Program:</b>	Click here to enter text.	
<b>Year of Study:</b>	Click here to enter text.	
<b>Please identify your program type:</b>	<input type="checkbox"/> <b>Thesis Based</b>	<input type="checkbox"/> <b>Course Based</b>
<b>Please classify your status:</b>	<input type="checkbox"/> <b>Full-Time</b>	<input type="checkbox"/> <b>Part-Time</b>
<b>Estimated <u>Months</u> to completion:</b>	Click here to enter text.	
<b>Academic Average (in %):</b>	Click here to enter text.	

**Section 3: Personal Information**

<b>Do you have a spouse?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><u>If you have a spouse:</u></b>		
<b>Does your spouse reside with you?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If no, where do they reside?</b>	Click here to enter text.	
<b>Is your spouse also a student?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Do you have children?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><u>If you have children:</u></b>		
<b>How many children?</b>	Click here to enter text.	
<b>Age(s) of children?</b>	Click here to enter text.	
<b>Do you receive government subsidy for your children?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Section 4: Community Involvement**

<b>During your program here, have you volunteered within the University?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If so, please describe what activities you have done and where.</b>		
<b>During your program here, have you volunteered outside the University Community?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If so, please describe what activities you have done and where.</b>		

<p><b>What other extracurricular activities, not directly involved with your research, have you been involved with throughout your program? (eg. organizing events, conferences, volunteering with a non-profit organizations, charities, etc)</b></p>	
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<b><u>Section 5: Financial Information</u></b>
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<b><u>Monthly Income</u></b>
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<b>A</b>	<b>Total Scholarship Income (monthly):</b>	\$Click here to enter text.
<b>B</b>	<b>Employment Income (monthly):</b>	\$Click here to enter text.
<b>C</b>	<b>Parental Support (monthly):</b>	\$Click here to enter text.
<b>D</b>	<b>Government Subsidies (monthly):</b>	\$Click here to enter text.
<b>E</b>	<b>Child Support (monthly):</b>	\$Click here to enter text.
<b>F</b>	<b>Other Income (monthly, ie. Spousal, part-time job, etc):</b>	\$Click here to enter text.
	<b><i>Total Personal Income (add A – F):</i></b>	\$Click here to enter text.

<b><u>Monthly Expenses</u></b>
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<b>G</b>	<b>Housing (monthly):</b>  (Including rent / mortgage, property taxes, tenant or homeowner’s insurance & utilities)	\$Click here to enter text.
<b>H</b>	<b>Childcare (monthly):</b>	\$Click here to enter text.
<b>I</b>	<b>Transportation (monthly):</b>	\$Click here to enter text.

	(Specify main transport expenses NOT including those expenses incurred for the UPASS)	
<b>J</b>	<b>Medical (monthly):</b>  (Does NOT include cost of health/dental coverage paid through fees)	\$Click here to enter text.
<b>K</b>	<b>Tuition (monthly):</b>	\$Click here to enter text.
<b>L</b>	<b>Other Expenses (monthly):</b>	\$Click here to enter text.
	<b>Total Personal Expenses (add G – L):</b>	\$Click here to enter text.
	<b>Is your total monthly household income LESS than your total expenditures?</b>  (Total Personal Expenses > Total Personal Income)	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
	<b>If yes, how do you cover these costs?</b>  (Personal savings, line of credit, etc.)	Click here to enter text.
	<b>Are there any extenuating circumstances that cause your expenses to be higher than your income?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
	<b>If so, could you explain your circumstances?</b> (Lost a job, got in an accident, etc.)	