



FILL IN THIS FORM DIGITALLY, SAVE A COPY TO YOUR COMPUTER, AND PRINT A COPY FOR SUBMISSION.

The Fairfax Bursary assists student for whom the cost of attending university would be a serious impediment. Students must be Canadian citizens or permanent residents and have strong academic performance, graduating from a Canadian high school and admitted to the Fall term at SFU.

STEP 1, APPLY TO SFU

- go to www.sfu.ca/futurestudents and apply for early admission to SFU
- you **MUST** also self-report your grades
- all applicants must pay the admission application fee in order to be considered.

STEP 2, APPLY FOR THIS BURSARY

Complete this application electronically, print and mail it with supporting documents to SFU by April 30. Packages postmarked after April 30 will not be accepted.

SEND US THESE DOCUMENTS

- this paper application form, original or photocopied, completed and signed, including the financial aid information on page 2
- a one-page summary (250 words maximum) stating how your financial situation is a serious impediment to your attending SFU
- one copy of your transcript that includes your grade 11 and 12 course marks to date.

All of these documents must be fastened together and submitted in a single envelope. Documents **must not** arrive separately. Note: Late applications or packages with extra materials will not be accepted.

MAIL YOUR PACKAGE BY APRIL 30 TO:

Fairfax Bursary
Financial Aid and Awards, Student Services
MBC 3200, Simon Fraser University,
8888 University Drive
Burnaby, BC V5A 1S6

APPLICANT INFORMATION

Name _____
(family/first/middle)

Address _____
(suite number, street number, street name)

City _____ Province/State _____

Country _____ Postal/Zip Code _____

Telephone _____

Email _____

Date of birth _____
(year/month/day)

Name of your secondary school _____

Your school's fax number _____

Your school's telephone number _____

Your SFU ID number _____

I anticipate my academic average to be a minimum of _____%

Date _____

Signature _____

FREEDOM OF INFORMATION/PROTECTION OF PRIVACY

The information on this form is collected under the authority of the University Act (RSBC 1996 c.468 s.27[4a]), and is needed to process your application, and decide your eligibility, for a bursary. If you receive the bursary your name may be used for promotional purposes. if you have any questions about the collection and use of this information, contact the Director, Financial Aid and Awards, Student Services, Simon Fraser University, 778.782.4275.



Provide the following information for the purposes of assessing the financial need component of the Fairfax Bursary.

Student name _____ SFU student number (9 digits) _____

PARENTAL INFORMATION

Enter your reported gross income from line #150 of your 2011 income tax return. If you have not filed a 2011 income tax return, enter your total **gross income from all sources, both inside and outside Canada. Enter "0" if no income.**

Parent #1 \$ _____ Parent \$2 (if applicable) \$ _____

DEPENDANTS

Eligible dependants are any dependants for whom you receive the Canada child tax benefit or for whom you claim a benefit on your 2011 income tax return. Eligible dependants include the student named above and:

- Your child(ren) under 19 years of age as of the start of classes, for whom you have custody or provide care (they live with you) at last two days per week; or
- Your child(ren) age 19 or over and who have not been out of high school for at least 48 months (4 years) who are full-time students; or
- Your permanently disabled child(ren) age 19 or over, who you fully support and declare on your income tax return; or
- Your elderly relatives who you fully support and declare on your income tax return.

List only eligible dependants below. Do not include your spouse/common-law partner.

Dependant's name	Dependant's date of birth	Is this Dependant attending postsecondary? YES/NO	Is this Dependant claimed on your 2011 Tax return? YES/NO

DECLARATION

I certify that all statements on this application are true and complete to the best of my knowledge. I understand that any misrepresentation/falsification of information will result in cancellation of my application or award. I understand that I may also be required to repay an award, and/or be subject to University disciplinary action. I understand that all information is subject to audit and verification. I will provide supporting documentation upon request for verification of eligibility.

Student signature _____ Date _____

Parent #1 signature _____ Date _____

Parent #2 signature (if applicable) _____ Date _____

Freedom of information/protection of privacy

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