

Jack Roy Longstaffe Memorial Scholarship – Up to \$1000

Please complete and submit the original application together with any other required documents to Yvonne Cordwell, Program Assistant, ENG478 no later than **2:00 p.m., MONDAY, OCTOBER 2, 2017**. Incomplete or late applications will not be considered. *If you are selected as the recipient for this award you will be notified by email and you will be expected to attend the department's annual award ceremony and provide a personal profile along with a picture to be posted on the Department's website.*

The Awards Ceremony will take place Thursday, November 30, 2017, details will be provided to the award recipient.

CRITERIA

An applicant must meet the following criteria to be eligible for a scholarship:

1. Must be enrolled in full-time Electrical or Computer Engineering program.
2. Must have a minimum grade point average of 3.50.
3. Must demonstrate financial need by writing a personal letter (500 -750 words long) outlining the challenges you face financially addressed to the Awards Committee Chair.
4. Must be a Canadian citizen or permanent resident.

Student Information

| | | | |
|-------------------|---|---|-------------------------------------|
| Last Name: | | First Name: | |
| Student Number: | | S.I.N. | |
| Program: | <input type="checkbox"/> Biomedical | <input type="checkbox"/> Computer | <input type="checkbox"/> Electrical |
| Address: | | | |
| Email Address: | | | |
| Telephone Number: | | | |
| Status: | <input type="checkbox"/> Canadian Citizen | <input type="checkbox"/> Permanent Resident | <input type="checkbox"/> Other |
| Year completed: | <input type="checkbox"/> First | <input type="checkbox"/> Second | <input type="checkbox"/> Third |

Applicant Declaration

I declare that all of the information contained in my application form is accurate to the best of my knowledge. I grant permission for the Department of Electrical and Computer Engineering to use my name and photograph in the literature designed to promote future awards and to quote any statements in my application publicity material promoting the Department and its programs.

I understand that if I submit an incomplete application, my application will not be considered.

Signature _____ Date _____

DETAILED STUDENT BUDGET

Student Application - Page 1 of 2

All areas of the application, questionnaire and budget forms must be completed to fully assess your application. *Omissions may result in award denial. All personal information submitted on this application will be held in strictest confidence.*

| | |
|--|-------------------------------------|
| Last Name: | First Name: |
| SIN: (Mandatory - income tax purposes) | Student Number: |
| Valid Email Address: | @ryerson.ca |
| Marital Status (check one box) <input type="checkbox"/> Single <input type="checkbox"/> Married/Common Law <input type="checkbox"/> Sole Support Parent | Name of Award you are applying for: |

Academic Eligibility: Applicants must check **box** to be eligible for award consideration.

- I am currently registered in an approved program of studies at Ryerson University.

Financial Eligibility. Check off all categories that apply to you.

Applicants must meet the financial need requirements.

- I do not qualify for OSAP assistance as I am an international student
- I applied for OSAP assistance and received no funding.
- Specify reason-**

PLEASE CHECK THOSE THAT APPLY:

- I have not applied for OSAP assistance.
- I am receiving financial support from family/relatives/other persons. I have included the total amount expected on the budget.
- I am not receiving financial support from family/relatives/other persons.
- I do have a financial need as per my attached budget. (The budget and declaration form are on page 2 of the application)
- I require assistance to complete my current year of studies as I have insufficient resources to meet my educational costs.

STUDENT BUDGET FORM

Student Financial Assistance

This budget captures an individual student's educational expenses. Tuition fees are for Ryerson undergraduate courses taken **September to April (8 months)** while on campus. Do not include expenses while on a co-op or work term. Please complete all sections and check the appropriate boxes. Leave the amount blank in the amount field if there is nothing to report. Student budgets submitted with NIL resources will NOT be considered for the bursary/award/scholarship.

For each item below enter in the total amount which reflects the full academic year, 8 months. Do not enter the monthly amount only.

| Educational Expenses | Amount | Study Period Resources | Amount |
|---|-------------------------|--|---------------|
| Current year's Tuition fees, no late penalties. | \$ | Savings (include any funds used to pay current year's tuition fees and other school expenses in the summer months). | \$ |
| Current year's Books and related supplies. | \$ | Expected/Earned Employment income, Stipends/ Teaching Assistants, etc. during the academic year. | \$ |
| Accommodation costs (check one box only). Student's portion. Maximum allowed to claim up to \$9600 (\$1200 per month). Single parent/sole caregiver. Living with dependants (spouse, children, or family members). Living away from home on own or sharing. Living in Ryerson residence (excludes meal plan). Living with family (no dependants). Claim up to \$3600 (\$450 per month). | \$ | Government student assistance - OSAP loans and grants, Out of Province student loans and grants. Enter full year's funding. Specify which one(s): _____ _____ | \$ |
| Food (check one box only). Student's portion. Maximum allowed to claim up to \$4000 (\$500 per month). Living away from home, in Ryerson residence, or with dependants. Living with family (no dependants). | \$ | Ryerson Scholarships, Awards, Bursaries or Student Access Guarantee Specify which one(s): _____ _____ | \$ |
| Utilities, telephone, cell phone, cable and internet costs (check one box only). Student's portion. Maximum allowed to claim up to \$800 (\$100 per month.) Living away from home, in Ryerson residence, or with dependants. Living with family (no dependants). | \$ | Other forms of government assistance (Social Services, Orphan/Disability pensions, allowances, etc.) Specify which one(s): _____ _____ | \$ |
| Personal/Miscellaneous Expenses - includes laundry, personal hygiene, clothing, personal medication, perscription glasses and dental work not covered by private or university medical/dental insurance. Costs for students only. Maximum allowed to claim up to \$960 (\$120 per month). | \$ | All one time money/cash/gifts and monthly allowances and/or loans received from parents, spouse/partner or other persons. Include any funds used to pay for tuition fees, books, etc. | \$ |
| Transportation to and from classes. Student costs only. Within the GTA. Allowable maximum up to \$108 per month. Outside GTA. Allowable maximum up to \$171 per month. Within walking distance. Transportation costs \$0. | \$ | All other sources of income received. Check one: Educational Scholarship Trust Funds/RESP's Other income (income tax rebate, etc.) Other External Scholarships/Awards/Bursaries | \$ |
| Total Educational Expenses (A) | \$ | Total Resources (B) | \$ |
| To calculate unmet need: Subtract Total Resources (B) - Total Expenses (A) = unmet need | Unmet Need \$ | If your resources (B) are a larger amount than your expenses (A) do not submit this application and budget. | |

Declaration and Understanding: Please check all applicable boxes to be eligible for the award, scholarship or bursary.

I am a Canadian citizen, permanent resident or protected person.

I am a resident of Ontario.

The information I have provided is an accurate representation of my current financial situation. Receipts are available upon request to verify the information listed on the application.

I understand if the information on this application is intentionally misrepresented his may be a violation of the Student Code of Non-Academic conduct and I may be asked to repay any award/scholarship/bursary funding received.

This award/scholarship/bursary will be used to cover educational costs.

I authorize Student Financial Assistance to review my academic record and current address when required.

Student Name

Student Ryerson ID

Student Signature

Date (dd/mm/yy)

RYERSON UNIVERSITY

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FIPPA Statement)

This information is collected under the authority of the *Ryerson University Act* and is used by Financial Assistance at Ryerson University for the purposes of determining your eligibility for financial assistance, including but not limited to financial awards and bursaries. The information collected may also be used on an aggregate basis in order to comply with Ryerson University's statutory reporting obligations. The information you provide will not be disclosed for any other purpose except for as stated herein unless authorized and/or required by law. If you have questions about the collection, use, and disclosure of this information by Ryerson University please contact Carole Scrase, Manager, Student Financial Assistance. In order to assess your eligibility for some forms of financial assistance, we may need to review your academic record.

By checking the box below, you hereby consent to the disclosure of your academic record by the Registrar to Financial Assistance for the purpose of assessing your eligibility for student financial awards and/or assistance. Please note that if you do not consent to the disclosure, we will not be able to determine your eligibility for some forms of financial assistance.

NAME: _____ **STUDENT #:** _____
(Please Print) (Please Print)

I consent to the disclosure of my academic record by the Registrar to Financial Assistance for the purposes set out above.

I do not consent to the disclosure of my academic record by the Registrar to Financial Assistance for the purposes set out above.

SIGNATURE: _____ **DATE:** _____