



Bursary Application Form

Please submit completed application to outreach@ecf.utoronto.ca.

Student Information

First Name	Last Name
Phone Number	Email Address

Section 1: Financial Contribution

This bursary application must be completed and signed by the parent(s)/guardian(s) of the student.

Each year the amount of funding available varies based on the number of bursary applications submitted and the level of funding support our bursary program receives. Bursaries are awarded to students from families with demonstrated financial need. We encourage you to speak with your child's school and service groups in your community for additional sources of financial assistance.

You are eligible to apply for an Engineering Outreach bursary if you are a Canadian citizen, permanent resident or protected person with demonstrated financial need.

The amount of bursary funding being requested: \$ _____

Section 2: Parents/Guardians

Please indicate custodial parent/guardian, if applicable.

Parent/Guardian

First Name	Last Name
Employer	Title/Occupation

Parent/Guardian

First Name	Last Name
Employer	Title/Occupation

Section 3: Dependents

Name	Age	Relationship to Parent/Guardian	Name of School	Grade Level	Annual Tuition

Section 4: Family Income and Assets

All information provided is kept completely confidential.

Total parental income as indicated on your most recent tax return: \$ _____

Note: We require a copy of your most recent Notice of Assessment (please black out your Social Insurance Number).

Savings (not including retirement accounts): \$ _____

Other income (e.g., child support): \$ _____

Section 5: Additional Information

If necessary, please explain any circumstances that affect your ability to pay for this program that are not reflected by the details provided above. Please use a separate sheet if needed.

Section 6: Information for Donors

Some of our bursaries are provided by individuals or companies. If requested, we provide donors with information about the program and the students who receive funding, as well as a thank you from the program and the bursary recipients.

I/we understand that my child's name may be provided to their bursary donor.

Section 7: Signatures

I/we certify that the information provided on this application is complete, true and accurate.

Parent/Guardian

First Name Last Name

Signature DD/MM/YYYY
Date

Parent/Guardian

First Name Last Name

Signature DD/MM/YYYY
Date

Privacy Policy

The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admission, registration, academic programs, university-related student activities, activities of student societies, financial assistance and awards, graduation and university advancement, and for the purpose of statistical reporting to government agencies. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to www.utoronto.ca/privacy or contact the University's Freedom of Information and Protection of Privacy Office at 416 946-5835, Room 201, McMurich Bldg., 12 Queen's Park Crescent, Toronto, ON, M5S 1A1.

Name of Student (please print)

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

DD/MM/YYYY
Date