



**Instructions:**

- Undergraduate bursary funds are designed to assist those who are pursuing their first degrees and have **first explored all other avenues of financial assistance** (e.g. family support, Ontario Student Assistance Program, University of Toronto Exchange Bursary, or Summer Abroad Bursary) and still have unmet financial need. It is essential that you complete all 5 pages of this application and submit a detailed cover letter explaining your financial circumstances.
- International students are permitted to apply. However, some bursaries with OSOTF regulations are limited to students who are **Canadian citizens** or **Permanent Residents** of Canada.
- The completed application, cover letter, and liability form should be returned to Victoria College Student Awards, in the Registrar's Office, Northrop Frye Hall, Room 106, or by email at vic.awards@utoronto.ca.

**Application Deadlines:**

Fall term departure	August 15th
Winter term departure	December 1st
Summer term departure	May 1st
Coburn Award	March 1st

**Personal Information**

Person ID (Student Number):

Name in Full: \_\_\_\_\_  
Last Name
First Name
Title (Mr, Ms, Miss, or Mrs)

Current Mailing Address including Postal Code (must be valid on ACORN): \_\_\_\_\_  
 Permanent Address:  Same as Mailing Address  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status:  Single  Married  Other Date of Birth: \_\_\_\_\_  
Year
Month
Day

Status in Canada:  Canadian Citizen  Permanent Resident Age: \_\_\_\_\_

Optional Self-Disclosure:  Student with a disability  Indigenous Student (i.e. First Nations, Inuit, or Métis)

**Study Abroad Program**

Name of Exchange/Study Abroad Program: \_\_\_\_\_ UofT course code: \_\_\_\_\_

Institution Name: \_\_\_\_\_ City and Country: \_\_\_\_\_

Dates of Program: \_\_\_\_\_ Departure Date: \_\_\_\_\_

**Study Abroad Funds**

Please indicate which bursary you are applying for:

- General or Other Named Study Abroad Awards/Bursaries:** Awarded to Victoria College students participating in an approved University of Toronto Exchange Program or Summer Abroad Program.
- Bader International Bursary:** Awarded to students of any college enrolling in the Upper Year Option offered by the Herstmonceux Castle in England. (If you are not a Victoria College student, please indicate your college: \_\_\_\_\_)
- Coburn Award:** Awarded to enable a Humanities or Fine Arts upper year student of any college to study full-time for one academic year at Tel-Aviv University or at the Hebrew University of Jerusalem in Israel. Applicants must have at least a B+ average (GPA of 3.30+). Further details: [http://www.vic.utoronto.ca/students/Financial\\_Matters/bursaries/coburn.htm](http://www.vic.utoronto.ca/students/Financial_Matters/bursaries/coburn.htm) (If you are not a Victoria College student, please indicate your college: \_\_\_\_\_)

## Academic Information

Enrolment Status:  Full-Time Student  Part-Time Student

Year of Study:  1st year (fewer than 4.0 FCEs)  2nd year (4-8.5 FCEs)  3rd year (9-13.5 FCEs)  4th year (at least 14 FCEs)

Number of full course equivalents (FCEs) completed to date: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Number of courses in current Summer Session: \_\_\_\_\_ Number of courses in recent Fall/Winter Session: \_\_\_\_\_ FCEs

Active Programs of Study: Specialist(s): \_\_\_\_\_  
Major(s): \_\_\_\_\_  
Minor(s): \_\_\_\_\_

Current/Former Vic One student:  Yes (Stream—circle one: Chambers/Frye/Gooch/Jewison/Pearson/Ryerson/Schawlow/Stowe-Gullen)  
 No

## Financial Information

Please provide the following summary for the **duration of your CIE exchange program or Study Abroad Program**.

Indicate the duration of your Exchange or Study Abroad Program: \_\_\_\_\_ weeks/months (circle one).

FINANCIAL RESOURCES (for study abroad period)	
Total Savings available for study abroad	\$ _____
Projected Income from Part-time Work (while abroad)	\$ _____
Family Contribution* (parents, guardian, spouse, partner)	\$ _____
Support Payments	\$ _____
Child Tax Credit/GST Rebates/Orphans Benefits	\$ _____
Total OSAP Assessment	\$ _____
Other / Out of Province Loan please specify _____	\$ _____
CIE Bursary/Summer Abroad Bursary	\$ _____
Other Scholarships/Bursaries please specify _____	\$ _____
Registered Educational Savings Plan (RESP, ie CST, USC, HST)	\$ _____
Line of Credit / Bank Loan (specify amount for current year)	\$ _____
Other (please specify)	\$ _____
Other (please specify)	\$ _____
<b>TOTAL RESOURCES</b>	<b>\$ _____</b>

ESTIMATED EXPENSES (for study abroad program)		
Academic Fees to UofT		\$ _____
Fees required by Host University		\$ _____
Transportation to/from Host University		\$ _____
Books/Instruments		\$ _____
Vaccinations		\$ _____
Residence/Rent	Monthly Amount \$ _____	\$ _____
Food	Monthly Amount \$ _____	\$ _____
Local Transportation	Monthly Amount \$ _____	\$ _____
Medical/Dental	Monthly Amount \$ _____	\$ _____
Toiletries/Personal Care	Monthly Amount \$ _____	\$ _____
Laundry	Monthly Amount \$ _____	\$ _____
Child Care	Monthly Amount \$ _____	\$ _____
Telephone/Cell	Monthly Amount \$ _____	\$ _____
Recreation	Monthly Amount \$ _____	\$ _____
Miscellaneous (attach receipts)	Monthly Amount \$ _____	\$ _____
<b>TOTAL EXPENSES</b>		<b>\$ _____</b>

\*If no Family Contribution, please explain briefly in cover letter.

Have you applied for a CIE exchange or Summer Abroad Bursary? Yes  No  If yes, please indicate the status of your application: \_\_\_\_\_

## Family Information

To be completed by all students who have NOT been out of secondary school for more than four years, and by all married students.

Gross Annual Income	
Father/Mother/Guardian/Spouse (circle one)	\$
Father/Mother/Guardian/Spouse (circle one)	\$

Number of dependents in family: \_\_\_\_\_

Number attending university: \_\_\_\_\_

If there are any special circumstances which limit the support provided by your family, please provide brief details below or include in cover letter.

## Employment Information

Summer Income	
Total earnings from previous summer	\$
Amount saved for study abroad expenses	\$

If you were not employed, or were unable to save a reasonable portion of your earnings, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School Year	
Are you working during the current academic year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Earnings projected for academic year	\$

If "No", have you examined the possibility of part-time employment through the Ontario Work-Study Program? Yes  No

If "No", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Government Assistance

Have you applied for government assistance for the Study Abroad session? (OSAP or other Government Aid) Yes  No

Have you appealed your OSAP award? Yes  No

If you answered "No" to either question, please elaborate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Motor Vehicle

Do you own a motor vehicle? Yes  No  If "Yes", please indicate model: \_\_\_\_\_ year: \_\_\_\_\_

And explain necessity:

\_\_\_\_\_  
\_\_\_\_\_

## Cover Letter

It is important that a full explanation of your financial circumstances be made available to the Awards Committee for its review of your application. In your cover letter, please provide details of any unusual expenses and/or any changes in your financial situation that you may have recently experienced. If you are pursuing a self-design program, independent study course, or a field course, you will need to explain briefly how the proposed study abroad program is required by your program and whether you have received pre-approval of the UofT course from your department. The letter is to be addressed to Angela Prediger, Associate Registrar, Student Awards, and submitted with this completed application form.

## Declaration

I am requesting university bursary assistance in the amount of \$

I hereby certify that the information provided on this application is, to the best of my knowledge, true and complete, and I authorize the release of information contained herein to the Awards Selection Committee. I authorize the Victoria College Awards Committee, in determining its decision, the sharing of information provided in this award application with the Centre for International Experience or the Summer Abroad Office.

If I am granted an award, I may be expected to repay all or part of the award if I withdraw from study, substantially reduce my course load or fail to attend the program for which these funds are provided.

Some awards are funded by private donors who wish to receive limited information (general, biographical and/or academic) about the recipient. I agree to the release of this information. Student Number: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## Privacy Statement

Victoria University and the University of Toronto respects your privacy.

Personal information that you provide to the University is collected pursuant to the Victoria University Act 1951 as amended 1981 and to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admissions, registration, academic programs, university-related student activities, activities of student societies, safety, financial assistance and awards, graduation and university advancement, and reporting to government. The University is also required to report student-level enrolment-related data to the Ministry of Training, Colleges and Universities as a condition of its receipt of operating grant funding. The Ministry collects this enrolment data, which includes limited personal information such as Ontario Education Numbers, student characteristics and educational outcomes, in order to administer government postsecondary funding, policies and programs, including planning, evaluation and monitoring activities. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please contact the Victoria University's Freedom of Information Officer at 416-585-4506, Northrop Frye Hall room 101, 73 Queen's Park Crescent East, Toronto, Ontario M5S 1K7.

### COLLEGE USE ONLY

Decision: Request Interview  Granted  Refused

OSAP: Yes  No  UTAPS: Yes  No

Name of Award to be recorded: \_\_\_\_\_ Total Value: \$ \_\_\_\_\_

Account #:  -    -     -    Amt: \$ \_\_\_\_\_ Match

Account #:  -    -     -    Amt: \$ \_\_\_\_\_ Match

Donor Contact: Yes  No

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Authorization

\_\_\_\_\_  
Date

Follow-up:  Submitted Liability Form

Confirmation of bursary amount from CIE or Summer Abroad Program Office

Confirmation of registration received from CIE or Summer Abroad Program Office

Updated 20-Nov-2018.



### Assumption of Risk and Release from Liability

**This agreement must be completed in full before any funds will be given in support of this activity.**

Name of Student: \_\_\_\_\_ Student Number: \_\_\_\_\_

Name of Activity/Program: \_\_\_\_\_ UofT Course Code (if applicable): \_\_\_\_\_  
("activity")

Location of Activity/Program: \_\_\_\_\_

Dates of Activity/Program: Departure Date \_\_\_\_\_ Return Date: \_\_\_\_\_

All students who have received funding through Victoria University are participating in their identified activity on a VOLUNTARY basis. The activity is unaffiliated with Victoria University and the University of Toronto ("Universities") and has not been evaluated or approved by the Universities.

Student:

I assume all responsibilities and risks for the activity and understand that this activity may involve SIGNIFICANT RISKS not limited to travel to and from and living in a foreign country under different conditions of public or private health, sanitation, communication, infrastructure, politics and environment. If I am travelling outside of Canada, risks may be associated with the laws, customs, living conditions and health standards existing in the country (ies) where I will travel.

I understand that this activity may require a minimum LEVEL OF FITNESS AND HEALTH (physical, mental and emotional) and I hereby WARRANT BEING PHYSICALLY AND MENTALLY FIT AND ABLE TO PARTICIPATE and understand that I am ASSUMING THOSE RISKS AND RESULTS which are part of this activity.

I acknowledge that I have been strongly encouraged to consult with my medical care providers and a Travel Medical Clinic before leaving Canada.

I understand there is NO INSURANCE COVERAGE provided by the Universities for this activity. It is my responsibility to arrange any such coverage as required, for loss or damage to any personal property. I confirm that I have arranged MEDICAL INSURANCE for the duration of my travel. I am aware that health insurance may not cover all aspects of travel, including but not limited to high risk activities, injury caused by civil war and natural disasters, long-term disability, health care and repatriation. I recognize that the University does not make any claims regarding the adequacy of the medical insurance coverage and that all decisions regarding the appropriateness of my medical insurance are solely at my discretion.

I, the UNDERSIGNED, hereby acknowledge that certain RISKS OF PERSONAL INJURY OR PROPERTY LOSS are inherent to my participation in my elected activity. Risks may be minor or serious and may result from my own actions or the actions or inactions of others, or a combination of both, or may be beyond control (such as the risk of illness, disease, war or violence).

**IN VIEW OF MY VOLUNTARY ASSUMPTION OF ALL RISKS,** I agree for myself, and my family, heirs and executors that TO HOLD HARMLESS AND INDEMNIFY THE BOARD OF REGENTS OF VICTORIA UNIVERSITY AND THE GOVERNING COUNCIL OF THE UNIVERSITY OF TORONTO their officers, employees, agents and assigns, The Universities shall not be liable for any injury to my person (including death), illness, loss or damage to my personal property, or any consequential damages arising in any way resulting from my participation in my identified activity.

Without limiting the generality of the above, this RELEASE FROM LIABILITY includes any ILLNESS, ACCIDENT, SICKNESS, CANCELLATION, DELAY, ALTERATION, OR INCONVENIENCE suffered or incurred by me or any person in consequence of or in any way related to my elected activity or during transit, including any claims resulting from the operation of a motor vehicle, or motorcycle/mobylette.

**I HAVE READ AND UNDERSTOOD THIS AGREEMENT IN ITS ENTIRETY AND AGREE TO BE BOUND BY THESE TERMS. I understand that by signing this document I indicate that I understand the risks associated with this activity, that I am aware that by participating in the activity I am being exposed to risks, and that I accept important legal obligations and waive certain legal rights, including the right to sue.**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date