

Receipt:

Term:



OTTAWA ÉCOLE
SCHOOL D'ART
OF ART D'OTTAWA

35 rue George Street
Ottawa, ON K1N 8W5

Phone: 613-241-7471
Fax: 613-241-4391
Web: www.artottawa.ca

Bursary Application

Section 1 - Applicant Information (Please print)

If you are the parent/guardian applying for a child, please fill the following section with the child's information.

| | | | |
|-----------------|------------|-----------------------|---------------|
| First Name: | Last Name: | Initial | Membership #: |
| Address: | | Postal Code | |
| City, Province: | | Email: | |
| Telephone: | | Birthdate: YYYY/MM/DD | |

Section 2 – Parent/Guardian Information (Please print)

| | | | |
|-----------------|------------|-----------------------|---------------|
| First Name: | Last Name: | Initial | Membership #: |
| Address: | | Postal Code | |
| City, Province: | | Email: | |
| Telephone: | | Birthdate: YYYY/MM/DD | |

Section 3 – Financial Information (Please print and provide information in all areas).

Applicants may be required to provide proof of current income and monthly expenses for application to be considered. (e.g. pay stubs, or other income sources, rent / lease agreement, utilities and other bills). Please do not send these documents unless requested.

| | | |
|--|------------------------------------|---|
| Monthly Income (Parent/Guardian Income): | <input type="checkbox"/> Homeowner | <input type="checkbox"/> Living with Parent |
| | <input type="checkbox"/> Renting | <input type="checkbox"/> Other |

I wish to apply for a bursary from the Ottawa School of Art in order to participate in the following course:

| | |
|---------------|----------------|
| First Choice: | Second Choice: |
|---------------|----------------|

| |
|--|
| The amount of financial support requested is: \$ |
| Based on the following reasons: |

Section 4 – Applicant Agreement

I understand and agree that I am entitled to only two (2) bursaries in a twelve month period, (ONE COURSE PER SEMESTER ONLY), and that the 12 month period begins with the start date of the first course I take. **NOTE: The normal maximum limit is \$150 per adult student per term. Bursaries are not normally applicable to Diploma or Portfolio Development courses.**

| | |
|---|-------|
| Signature (Bursary Applicant/Guardian): | Date: |
|---|-------|

FOR OFFICE USE ONLY

Received by Staff Initials: _____

Section 5 – Bursary Approval

| | |
|--|--|
| Value of Bursary: \$ | Bursary Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Executive Director Authorization: (initials) | Date of Authorization: |
| Date Applicant Informed: | Date Registered: |
| Date Processed by Registrar: | Registrar Initials: |

Bursary Received:

- Community Foundation of Ottawa
- CCOC Tenant
- OSA

Last bursary awarded from membership printout (term & year):

Section 6 – Outstanding Fees Not Covered by Bursary

BURSARY APPLICANTS MUST PAY THE FOLLOWING FEES.

Please advise the applicant when informing them of their bursary. If they are unable to pay, please mark which fees the applicant cannot pay and advise the Executive Director.

| Fees | Values | Can Pay | Cannot Pay |
|---------------------|---------|--------------------------|--------------------------|
| Membership Fee | \$30.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Partial Course Fee | | <input type="checkbox"/> | <input type="checkbox"/> |
| Model Fees | | <input type="checkbox"/> | <input type="checkbox"/> |
| Supply & Studio Fee | | <input type="checkbox"/> | <input type="checkbox"/> |

Total Fees Paid: