

# INFORMATION AND INSTRUCTIONS FOR STUDENTS

## INFORMATION ABOUT THE INSTITUTION-FUNDED SPECIAL BURSARY PROGRAM

### What is the Institution-Funded Special Bursary?

The 2025-2026 (ISBP) offers financial assistance to help cover your educational costs.

The amount of bursary you may receive for the 2025-2026 costs.

**The maximum bursary amount you can receive is \$3,000 per academic year.**

**A student's continued eligibility for future ISBP funding is based upon the successful completion of both past and currently funded ISBP sessions.**

### Eligibility

For 2025-2026 you may be eligible for a Special Bursary at Western University, if:

- You are a Canadian citizen, permanent resident, or Protected Person as defined in the *Immigration and Refugee Protection Act* (Canada);
- Your family income is below the threshold for a given family size;
- You are working toward your first certificate, diploma or degree program;
- You are not receiving grant or loan funding from:
  - The Ontario Student Assistance Program (OSAP);
  - The Canada Student Loans Program (CSLP);
  - Second Career;
  - A student financial assistance program from another province, territory or country.
- Your study period is at least four weeks in length.

If you are unemployed and being supported by your assets, you are not eligible for this program.

If you have extra education-related expenses for services and equipment resulting from a disability, you may also be eligible for an Ontario Bursary for Students with Disabilities (BSWD). Contact your Centre for Students with Disabilities for further information.

You may not be entitled to the full amount of the Special Bursary if you do not finish the course(s) as planned.

Funding received through a Special Bursary is taxable. If you receive a bursary, the University will issue you a T4A in February indicating the total amount of bursary assistance.

### Application Process

To apply for a Special Bursary for 2025-2026, complete and submit to: [contact@uwo.ca](mailto:contact@uwo.ca)

**Your application must be received by the Financial Aid office within the first 30 days of your study period start date.**

## COMPLETING THE BURSARY APPLICATION

You will find instructions for completing individual questions or items on the application form itself. Questions or items that need additional explanation/documentation are listed in Section 1 (below). If you need more information or help completing the application, contact the Financial Aid Office.

If you are married or are in a common-law relationship, the application form must be completed by you **and** your spouse.

## SECTION 1: PERSONAL INFORMATION

### Address

All correspondence will be sent to the address you enter on the application. If you move, you must provide your new address to the Financial Aid Office.

### Marital status

Indicate what your marital status will be as of the last day of the month in which your program begins.

If you are in a common-law relationship, check "Married." For the purposes of the ISBP, a common-law relationship exists when:

- You and your spouse have been living together in a conjugal relationship for at least three years; or
- You and your spouse are raising any children of whom you both are the natural or adoptive parents.

Indicate the name and address of your spouse on the application.

### The following documentation is required:

- If you are **married**, provide a photocopy of your marriage certificate. If you do not have a marriage certificate, you must provide a jointly signed legal affidavit.
- If you are in a **common-law relationship**, provide a legal affidavit signed by you and your spouse confirming that you are in a common-law relationship.
- If you are **separated**, provide a copy of your legal separation agreement or court order. If you do not have a separation agreement or court order, you must provide a legal affidavit indicating the date of separation.
- If you are **divorced**, provide a copy of your divorce judgment or order.
- If you are a **sole-support parent**, and never married, provide a legal affidavit signed by you confirming that you are a sole-support parent.
- If you are **widowed**, provide a copy of your spouse's death certificate.
- If you have dependent children, you must provide proof of each of your child(ren)'s date of birth (e.g., Canada Child Tax Benefit statement).

### Citizenship Status

#### The following documentation is required:

### Protected Persons

A Protected Person is defined in subsection 95(2) of the Immigration and Refugee Protection Act (Canada). If you are a Protected Person, you must provide a photocopy of your valid Protected Persons Status Document and a photocopy of your temporary Social Insurance Number (SIN) card.

### Permanent Resident

If you are a Permanent Resident, you must provide a photocopy of your Canada Immigration Record or a copy of the front and back of your Permanent Resident Card.

## SECTION 3: INCOME INFORMATION

### Type of government income

Indicate the type of government income you expect to receive during your program of study. If you checked "Other," provide details about the type of assistance you will receive on a separate sheet and attach this sheet to your application form.

### Gross Income from the Current Year

Include income from all sources, except GST/HST rebates, Child Tax Benefits, assistance received through the federal Universal Child Care Benefit, and funding from the BSWD.

### Proof of Income

You must provide proof of your income and your spouse's (including common-law) income, if applicable. Proof of income includes copies of pay stubs from Ontario Disability Support Program (ODSP) or Ontario Works (OW) (or a letter from a caseworker), pay stubs from other government income such as Canada Pension Plan Disability Benefits, Loss of Earning Benefits (WSIB) or Employment and Training Allowance, copies of employment pay stubs, and letters from employers confirming actual gross monthly income.

If you are unemployed and supported by a third party, you must submit a signed and dated letter from them confirming support.

**Please bring a proof of your SIN number and government-issued photo identification or your Western student identification card. Please be advised that you are responsible for ensuring that copies of all the supporting documentation are submitted. Applications without photocopied supporting documentation will be considered incomplete.**



Other Income

Are you receiving assistance under any of the following programs?

- Canada Student Loan

☐ Yes

☐ No
- Canada-Ontario Integrated Student Loan

☐ Yes

☐ No
- Part-time Canada Student Loan

☐ Yes

☐ No
- Student Financial Aid from another province/territory

☐ Yes

☐ No

SECTION 4: Education History

High School Information

What is the highest grade you have completed?

When did you complete this grade? 

Month/Year

Name of school.

## Institution-Funded Bursary Program

Province or country in which school is located.

List all courses or programs you have taken at any postsecondary institution since you left high school.

Name of postsecondary institution	City, province or country	Full-Time	Part-Time	Program	From		To		Certificate or degree received
					Month	Year	Month	Year	

Attach a separate sheet if you need more space.

### SECTION 5: Course Information

List the names of the courses you are applying for at Western University.

Name of course	Course number	Course dates						Course length (number of weeks)
		From			To			
		Day	Month	Year	Day	Month	Year	

**Applicant's Declaration (REQUIRED)**

- I have given complete and true information on this application form.
- I will keep a copy of my application and all required supporting documentation in the event that I am required to produce this information for audit, verification, inspection or investigation purposes.
- I understand that I am responsible for providing all required supporting documentation as indicated on my application or as directed by the Financial Aid Office in respect of my eligibility for an ISBP award.
- I will promptly notify the Financial Aid Office in writing of changes to my address and/or financial, academic, family, and/or study-period status, or if any other information that I have provided changes.
- I understand that any change to the information I provide and any change resulting from verification and audit may affect my eligibility and the amount of my bursary.
- I will not receive student financial assistance from any other province, state, or country while receiving this bursary.
- I understand that if I fail to provide complete and true information or any changes to my address and/or financial, academic, family, and/or study period status, the University may restrict me from receiving ISBP in the future.

*I have read and understood this section, including the notice of collection, use and disclosure of my personal information, and my signature attests to my consent to the indirect collection, use, and disclosure of my personal information, and that my declaration is complete and true.*

Signature of applicant

Date:DayMonthYear

**Consents, Declarations and Signatures of Spouse Spouse's Consent to the Indirect Collection and Disclosure of Personal Information (REQUIRED)**

- I understand that the information on this form, including my employment and income information, is a necessary part of the calculation of an ISBP award to the applicant. The information I have given is complete and true.
- I understand that the personal information I provide in connection with this application can be accessed by the applicant. Other personal information relevant to a reassessment will be disclosed to the applicant and any person(s) authorized by the applicant to have access to all information in the applicant's ISBP file.
- I understand that I can withdraw any consent I have given in this section by writing to the Financial Aid Office, any time **before** the applicant accepts an ISBP award. I understand that if I withdraw any consent it will affect the applicant's eligibility for and the amount of an ISBP award.

*I have read and understood all parts of this section, including the notice of collection, use and disclosure of my personal information, and my signature attests to my consent to the indirect collection, use and disclosure of my personal information and that my declaration is complete and true.*

Signature of spouse

Date:DayMonthYear

Institution Approval and Funding breakdown

FOR OFFICE USE ONLY

Name of program

Tuition

Compulsory Fees

Books

Total

FAO Signature:

Date: