



## PMA Dependents' Tuition Scholarship Plan

Subject to plan conditions, dependent children of current, regular full-time PMA eligible employees are eligible to receive tuition benefits for full-time studies taken for credit towards a degree from Western University. **Tenable for courses taken between September 2024 and April 2025.**

(Note: This application is for scholarship consideration for studies during the 2024-25 academic year only. This application is not to be used for scholarship consideration for the 2025-26 academic year).

### **BENEFIT PLAN CONDITIONS**

Subject to the following conditions, dependent children\* of CURRENT, REGULAR FULL-TIME PMA EMPLOYEES are eligible to receive tuition benefits for full-time studies taken for credit towards a degree (undergraduate or graduate) from Western University. The benefit will be offered to qualified students for the equivalent of a maximum of four years of full-time registration, not necessarily consecutive, at Western University. "Full-time" is defined in accordance to Western guidelines. Students registered at colleges affiliated with the University (King's, Huron, Brescia) are eligible for this benefit.

1. The dependent children must initially satisfy the entrance requirements of their chosen degree program, and thereafter meet the academic standards as defined in Sections 2 and 3 below.
2. The required minimum academic achievement for receiving the scholarship under this Plan shall be an average of 70% in the courses taken in the previous academic year and full time registration in the current year. For programs involving courses for which grades are not given, normally the Dean of the Faculty (or designate) shall be asked for an assessment. To qualify, the overall assessment must equate to a minimum grade of 70%. Verification by the Dean must be in writing.
3. It is the responsibility of the scholarship applicant to provide evidence of eligibility to Student Financial Services along with their application. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**
4. The scholarship shall be tenable for courses taken for credit towards a degree from Western University for a maximum of four years full-time (not necessarily consecutive). "Full-time" as defined in accordance with Western's guidelines.
5. The dependent will not be eligible to retain the scholarship for the current year with reduced course load or withdrawal. No payments will be issued if the dependent reduces or ends their full-time studies prior to benefit payment. It is the responsibility of the dependent to notify the Student Financial Services in writing about the changes to enrolment resulting in a reduced course load or withdrawal after the scholarship approval.
6. Application for an award under this Plan may be made at any time up to June 30, 2025 following the start of the academic session for which application for an award is being made.
7. Main campus students: If awarded, the scholarship will be applied directly to the student's fee account. If fees have been paid in full a refund will be issued to the student by direct deposit. Affiliate College students: If awarded, funds will be transferred to the affiliate college account.
8. Students who are not eligible for the scholarship will be informed in writing, via their Western email, that they are not eligible.
9. Details regarding eligibility are the personal information of the student and cannot be discussed with or disclosed to a third party without the consent of the student.

\*A dependent child is defined as unmarried (including legally adopted children, foster or step-children), not engaged in full-time employment, dependent on you for financial support and under the age of 21 unless the child is registered as a full-time student in which case the child must be under the age of 25 or if incapable of self support due to mental or physical infirmity which began while the child was covered as the Employee's dependent will continue to be eligible.

The value of the annual benefit shall be \$2,500 for the period of September 1, 2024 to April 30, 2025. 'Academic year' refers to the September to April period only, and does not include summer or intersession courses.

***The personal information on this form is collected under the authority of the University of Western Ontario Act, 1982, as amended. To view the complete Personal Information Collection Notice visit the online Academic Calendar at: <http://www.westerncalendar.uwo.ca/>***

### **Submission of completed application:**

Completed applications should be submitted by the student through the secure online DocDrop at <https://studentservices.uwo.ca/secure/oneexperience/docdrop>. You must use a pdf file format to upload the application. Please select the Employee Group Scholarships (Dependent Tuition Scholarship) document type when uploading your application.

**Application Deadline: June 30, 2025. This application deadline is strictly enforced.**

## 2024-25 PMA Dependents' Tuition Scholarship Plan

Section A – **STUDENT ENROLMENT** (please check one):

<b>UNDERGRADUATE</b> Full Time - \$2,500	<b>GRADUATE</b> Full Time - \$2,500
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Section B – **STUDENT APPLICANT STATUS** (Please check off the appropriate section under which you qualify)

	I have completed secondary school within the last two years, and received a minimum 70% average in my top six grade 12 U/M courses.
	I have completed at least one year of university/college studies, and received a minimum 70% average in the previous academic year. <b><u>If previous years studies were not completed at Western, official postsecondary transcript must be attached.</u></b>
	I am a mature or part-time student who received a minimum 70% average in my last year of formal education. <b><u>If previous studies were not completed at Western, official secondary or post-secondary transcript must be attached.</u></b>
	I placed in the top 50% of my class in the previous academic year in a program for which grades are not given. <b><u>Proof of academic standing must be attached.</u></b>

### Section C – **STUDENT INFORMATION**

Student Number (required):	Date of Birth:
Surname:	Given Name:
Address:	
Phone #:	Email:

I hereby certify that all information provided on this application is true in all material respects.

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

\_\_\_\_\_  
Date

### Section D – **PMA MEMBER CERTIFICATION**

Surname:	Given Name:
Employee # (required):	Phone #:
Faculty/Department:	Email:

I hereby certify that I am a current, regular full-time PMA employee at Western University. The foregoing statements relating to the student named in Section 'B' are true in all material respects. The aforementioned student is my dependent, as defined by the Benefit plan for PMA staff

\_\_\_\_\_  
Signature of PMA Member

\_\_\_\_\_  
Date

<b>WESTERN OFFICE USE ONLY</b>			
Member Eligible <input type="checkbox"/>	Previously Awarded <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Previous Acad Average:	Awarded: