

Education and Competence Department

Application For Financial Assistance

Please note that selection for financial assistance is based on financial need, and that funds available for bursaries are limited. A notice to the profession posted in 1989 describes its purpose as "providing financial assistance to students enrolled in the Bar Admission course who demonstrate emergency financial needs that cannot be met through other source [sic] and who could not otherwise continue in the course without such support." It is the applicant's responsibility to provide sufficient and accurate information to demonstrate his or her need for assistance. Incomplete applications will not be considered. All decisions on applications will be made by the student financial assistance committee and are final.

(Last)	(First)	(Middle)			
Permanent Mailing Addres	ss:				
(No. & Street)	(City/Town)	(Province & Postal Code)			
E-mail Address					
Home Phone)	(Office Phone)	(Office Phone)			
Articles:	(Firm)				
Address)	(Postal Code)	(Phone)			
		Date Commencement of Articles:			

Social Insurance Number:				
Amount of Bursary Requested \$				
Please detail the circumstances that give rise to your need for financial assistance. Indica				
you require assistance one time, or periodically during the CPLED Program. (Use additi				
sheets if necessary).				
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Please list all of your dependants.				
Name Age Relationship				
The state of the s				
Itemize and give the total value of your assets such as real estate, stocks, bonds, bank and credit union accounts and those of your spouse if your assets, liabilities and income				
are jointly owned or shared. Please attach copies of bank statements etc.				
Asset Gross Value Comments (ie: Indicate if jointly owned, and list any encumbrances)				

Make/Model/Year	\$Value	Date Purchased	Balance Ow			
temize and give the total amount of debts owed by you or your spouse including stu oans, car loans, mortgage and credit cards. Please attach relevant statements.						
Amount of Debt	Owing To		Comments			
Please list your mor	thly expenses.					
Details Rent/Mortgages	& Taxes		Amount			
Food & Househo	ld Supplies					
Utilities						
Clothing						
Transportation (g	as, bus passes)					
Car Insurance &	Lease					
Dental/Medical/O	ptical					
Loan Payments						
Loan Payments -Car						
-Car						
-Car -Student Loans						
-Car -Student Loans -Credit Cards	pport					
-Car -Student Loans -Credit Cards -Other	pport					
-Car -Student Loans -Credit Cards -Other Child/Spousal Su	pport					

Please attach any supporting documents. If any expenses are extraordinary, please explain.

12.		the actual or estimated resources available or likely to be available to you/your from the beginning of your period of articles until your call to the Bar.(attaching documents)				
		Applicant	Spouse			
Annua	al salary or wages					
Invest	ment & rental income	_				
Bursa	ries, Scholarships, Fellowships, Assistantships					
staten	ne Tax refund from last tax year (attach tax nent) uployment Insurance, Workers Compensation					
	•					
(Child	I Assistance/Federal Supplements Tax Credit, GST Rebate) ons, estate trust income, dividends, interest					
Contri	butions from parents (applicant and spouse)					
Child/	Spousal Support					
Other	(specify)	_	_			
Annu	al Income:		_			
Montl	hly Income					
	* * *					
	I hereby declare that the information given	above is true and co	omplete.			
Signa	ture:	Date [.]				
Signa	Student	Date				
Signa	ture:	Date:				
•	Spouse (if applicable)					

 $Z\!:\!|CPLED|\,Administration|\\Application for financial assistance$

12.