

## **Financial Need Assessment Form**

	ark with an "X" all that oplies to you.	DESCRIPTION AND EXPECTED COSTS
	be attending a post- ndary school.	Please indicate the name of the school(s), the name and code of the program(s) you are applying to and average yearly tuition / fees / book expenses.
I will	be living away from home.	Please indicate if you are planning to live in an apartment or in school residence. Yearly expected costs.
	be living at home and nuting.	Will you use; public transportation (cost of bus pass)? Your vehicle (parking permit / gas / purchase of a vehicle)? Carpooling? (please explain)

All information is strictly confidential. All markers identifying your identity will be removed for the "blind" evaluation done by independent jurors. Please complete all the categories below.

	EXPECTED YEARLY REVENUES	
APPLICANTS' CONTRIBUTION: Hov	w much will you contribute to your education? What are you paying for? Please	e explain.
FAMILY CONTRIBUTION: Parental o internet, vehicle, transportation costs an	r guardians annual contribution towards your education. Are they paying your d groceries? Please explain.	rent, utilities,
	pans? Will you be cashing some of your RESP (Registered Education Savings Places outside the CVR Educational Foundation? Please explain.	n)? Have you
	pendent children in your household <u>other</u> than yourself: of age <u>or</u> a child over 18 years of age who is currently a post-secondary full-	# dependents



You may include additional comments should you feel that there are extenuating and/or exceptional circumstances which should be taken into account when your application is reviewed. Please be assured that your comments are strictly confidential and only used for the evaluation of your application.			
Please use a black or blue <u>pen</u> ; unclear or light writing may become illegible after copies are made for members of the independent jury.			