



# APPLICATION FOR FINANCIAL ASSISTANCE

## PART-TIME STUDIES – SPRING INTERSESSION 2018

### Important Information:

- Deadline for submission to Student Services Office: **Monday, April 16, 2018.**
- Only for students with demonstrated financial need.
- Financial assistance, if awarded, will be sent to the Student Account office of Acadia University to be applied directly again the individual's account.
- Maximum assistance is \$100 per 3 credit hour course in which they are registered for the Spring Intercession 2016.
- Applications received after the deadline will only be considered if there are extenuating circumstances.

### STUDENT INFORMATION

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Program of Study: \_\_\_\_\_  
 City & Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Social Insurance No.: \_\_\_\_\_

### COURSE INFORMATION & CREDIT HOURS

COURSE NAME	CREDIT HOURS	AMOUNT APPLYING FOR
<i>Example 1: Amos &amp; Isaiah</i>	3	\$200
<i>Example 2: Survey of the Bible</i>	1.5	\$100

TOTAL AMOUNT \_\_\_\_\_

### DECLARATION & SIGNATURE

- *I understand that my request for financial aid is based on financial need. By making this application request, I certify that my projected household and academic expenses for Spring Intercession 2018 (May-June) are greater than my projected household income.*
- *I declare this information to be true to the best of my knowledge. I understand that if my application is audited, I may be required to provide details to support my claim that my household expenses are greater than my household income. I agree to advise Acadia Divinity College if there is any significant reduction in my financial need during this academic term.*
- *I declare that I have registered for the courses included in this application.*
- *I understand that this financial assistance is applied on a course by course basis. I further understand that if I withdraw from my studies during Spring Intercession 2016 that the full amount of the financial assistance received for that course will have to be repaid to ADC.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Office Use Only**

ADC Registrar's Approval: \_\_\_\_\_

Amount to be Awarded: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Please email the completed form to:  
[adcstudentservices@acadiau.ca](mailto:adcstudentservices@acadiau.ca)