



# APPLICATION FOR FINANCIAL ASSISTANCE

## PART-TIME STUDIES - WINTER 2018

### Important Information:

- Deadline for submission to Student Services Office: **Monday, December 4, 2017.**
- 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 Winter Term 2018. If a three credit course runs for the full year it is broken into 1.5 credit hours per semester.
- Applications received after the deadline will only be considered if there are extenuating circumstances.
- **Returning Students:** Applications received after the deadline will only be considered if there are extenuating circumstances.
- **Incoming Students:** Student recently accepted for admission will have five (5) days after receipt of their ADC admissions letter to apply for financial assistance.

### 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 Winter Term 2018 (January – April) 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 Winter Term 2018 that the full amount of the financial assistance received for that course will have to be repaid to ADC.*

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

\_\_\_\_\_  
Date

<i>Office Use Only</i>	ADC Registrar's Approval: _____
Amount to be Awarded: \$ _____	Date: _____

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