



APPLICATION FOR FINANCIAL ASSISTANCE

FULL-TIME STUDIES – FALL/WINTER 2019-2020

Important Information:

- Deadline for submission to Student Services Office: **Friday, August 16, 2019** (for a Winter Term Only application, the deadline is **December 6, 2019**). **Important Information:**
 - Returning Students: Applications received after the deadline will be considered if there are extenuating circumstances.
 - Incoming Students: Students recently accepted for admission will have five (5) days after receipt of their ADC admissions letter to apply for financial assistance.
- Financial assistance will only be considered for students with demonstrated financial need.
- Students who are already in receipt of tuition reduction (i.e. Seniors or students with documentation showing they are full-time staff with Intervarsity, Navigators and Power to Change) are not eligible to receive further financial assistance.
- Students enrolled in non-credit programs are not eligible to receive financial assistance (i.e. Certificate in Ministerial Studies and Lay Leadership).
- If awarded, financial assistance will be sent to Student Accounts of Acadia University to be applied directly to the student's account.
- If you are in receipt of an **ADC Entrance Scholarship**, you are **not** eligible to receive this additional financial assistance.

I am applying for: Fall & Winter Term Fall Term Only Winter Term Only

STUDENT INFORMATION

| | | | |
|--|--|---|--|
| Name: | _____ | Student Number: | _____ |
| Street Address: | _____ | Program of Study: | _____ |
| City & Province: | _____ | Postal Code: | _____ |
| Telephone: | _____ | Social Insurance No.: | _____ |
| Do you have an outstanding Student Loan? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Will you apply for a student loan in 2019/2020? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

DECLARATION & SIGNATURE

- I understand that my request for financial assistance is based on financial need. By making this application request, I certify that my projected household and expenses for the current year/term 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 as a full-time student for the current year/term.
- I understand that if my status changes from full-time to part-time during the year, the financial assistance will be reduced to the amount that would be eligible under the part-time assistance program. The amount of the overpayment will have to be repaid to ADC. In addition, I understand that if I completely withdraw from my studies during the current year/term that the full amount of the financial assistance received 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@acadiu.ca