



OCAD U Indigenous Bursary Program 2023-24

PURPOSE

Ongoing Support is available to assist Indigenous Students with short-term costs which support students' access and success. Examples of short-term support could include: local transportation costs, art supplies/materials/books, immediate food/living costs, a return trip to home community, etc. Students can apply as required, depending on their circumstances. Indigenous bursaries are funded through OCAD University's Tuition Set-Aside fund.

ELIGIBILITY

Students must meet the following criteria in order to apply for a bursary through this program:

- Have self-identified as an Indigenous student at OCAD University: <https://www.ocadu.ca/services/indigenous-students/indigenous-self-identification>
- Be studying on a full-time or part-time basis at OCADU during the 2023/24 academic year
- Be studying at the undergraduate or graduate level
- Have completed a budget which demonstrates financial need
- Have a specific, immediate short-term financial need

EXAMPLES OF ELIGIBLE EXPENSES (SHORT TERM)

- Temporary housing for displaced students
- Relocation/start-up costs
- Local transportation costs (commuting to campus)
- Return trip(s) to home community
- Immediate food/living costs
- Unexpected personal medical and/or dental expenses
- Unexpected loss of personal income
- Loss or repair of computer/laptop essential for academic purposes
- Art supplies/equipment/materials/books or research/exhibition costs related to current courses

EXAMPLES OF INELIGIBLE EXPENSES

- Tuition and compulsory fees
- Extracurricular fees
- Support for family and partners
- Long-term financial need (which can be addressed by [In-Study Bursaries](#))

CHECKLIST (Documents to be submitted)

- Explanation of Emergency Request
- Budget Worksheet
- Supporting documentation (ie receipts, quotes, rental agreements, etc...)
- Completed Indigenous Self-Identification at OCAD University: <https://www.ocadu.ca/services/indigenous-students/indigenous-self-identification>

DEADLINE

This bursary is available year-round to full or part-time, enrolled students. Applications are considered on a weekly basis by the Indigenous Student Centre and the Financial Aid & Awards office. **Submit your application from your OCADU student email address to:** Reagan Kennedy, Indigenous Student Success Coordinator at rkennedy@ocadu.ca. Incomplete applications will not be considered. Results will be communicated to the student by the Financial Aid & Awards office.



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FIRST NAME	LAST NAME	STUDENT #
PHONE NUMBER	EMAIL	

ADDITIONAL INFORMATION

Please indicate how much you are specifically asking for through the Indigenous Bursary Program at this time \$ _____ and provide a detailed explanation of your situation and how this bursary will assist you.

PROTECTION OF PRIVACY STATEMENT: At OCAD U, we recognize and respect the importance of your privacy. Personal information is collected, used, disclosed and kept confidential in accordance with the Freedom of Information and Protection of Privacy Act. The Financial Aid & Awards Office will use the information collected on this form to process your application and decide on your eligibility for OCAD U's Bursary Program. Once a bursary has been granted, OCAD U may disclose certain information to the donor of the award with your consent. Questions about the collection and disclosure of this information can be directed to the Financial Aid & Awards office.

CONSENT: The information I have provided on this application is complete and accurate and I will notify the Financial Aid & Awards office in writing of any changes to my academic, financial, family or study period status. All information provided in connection with this application is subject to verification and audit by OCAD U and the Ministry of Colleges and Universities (MCU). I understand OCAD U may disclose information on this form to MCU to verify and/or update information about this application. Any funds I receive will be applied to my student account at OCAD U. Should I be selected to receive a bursary, I consent to the disclosure of my name, program and year level to the donor, if applicable.

Student Signature _____ Date _____



OCAD U BUDGET FORM 2023-24

FIRST NAME	LAST NAME	STUDENT #

**Please note: If you are attending the Fall and Winter use 8 months under # of months. If you are attending only the Fall, Winter or Summer semester, please use 4 months. If the amount only occurs once, please use the number 1.*

INCOME	MONTHLY INCOME (\$)	# OF MONTHS	TOTAL
Employment Income			
Government Income (ie. ODSP, OW, CERB)			
Student Loans/Grants (ie. OSAP)			
Parental/Child Support			
Scholarships/Awards/Bursaries			
Savings (ie. Bank balance)			
Investments (ie. GICs, TFSA)			
Other Income			
TOTAL (A)			

EXPENSES	MONTHLY EXPENSE (\$)	# OF MONTHS (if applicable)	TOTAL
Tuition			
Books/Supplies			
Rent			
Groceries			
Utilities (ie. Hydro)			
Transportation (ie. TTC/GO)			
Internet/Cellphone			
Personal Care/Laundry			
Technology (ie. laptop repair)			
Medical Expenses			
Other Expenses:			
TOTAL (B)			

EXPENSES (B)	INCOME (A)	TOTAL (C)
\$	\$	(B-A=C) \$

Supporting Documentation: Please provide any supporting documentation that is relevant to your situation.

Student Signature _____ Date _____		
OFFICE USE ONLY		
Decision: Approved / Denied	Date:	FAA Initial:
AWD Code:	Amount: \$	Notes: