

# PACE BURSARY APPLICATION FORM

PERSONAL INFORMATION (Please print clearly)		
Last Name	First Name	Initial
Mailing Address (cheques will be mailed to this address)		
City	Postal Code	Social Insurance Number
Phone Number (H) _____ (W) _____		

COURSE NAME		
<b>Name of Institution</b>		
<b>Course name</b>	<b>Tuition fees (*include receipts)</b>	<b>Book/supplies/other costs (*include receipts)</b>

My total request from the PACE Bursary Fund is \$ \_\_\_\_\_

MY FINANCIAL SITUATION
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**Monthly Costs:** Rent \_\_\_\_\_ Mortgage \_\_\_\_\_ Childcare \_\_\_\_\_ Other \_\_\_\_\_

**Monthly Income**

Monthly work income (gross) \_\_\_\_\_

Spouse's monthly income \_\_\_\_\_

Government assistance (EI, child support, social assistance) \_\_\_\_\_

Other sources of income \_\_\_\_\_

**Total Monthly Income** \* \_\_\_\_\_

\*Note: If the total monthly income is zero, please explain how you support yourself.

Do you live with your parents?  Yes  No

Do you own a car?  Yes  No  
Model and year \_\_\_\_\_

Do you have savings/ RRSPs?  Yes  No  
Amount \_\_\_\_\_

Are you receiving other financial support such as ABESAP, student loans, scholarships?  Yes  No  
Amount \_\_\_\_\_

Number of children \_\_\_\_\_ Ages \_\_\_\_\_

*I certify that the above information is true and accurate*

**Applicant signature** \_\_\_\_\_ **Date** \_\_\_\_\_

SIGNATURE OF SUPPORT	
Before you submit your application, please have this form signed by a person who can endorse and support your request for financial assistance. This person can be a teacher/instructor, administrator or counsellor.	
Name of supporter _____	Position _____
Signature: _____	Phone _____

*This information will be used solely to determine eligibility for a PACE bursary from Literacy BC. Please ensure all attachments are enclosed.*