

Part 5: FINANCIAL INFORMATION

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 M P B PP P OMP P PO M P B
 M M M MP MP **complete all the steps and attach the most recent income tax**
 P PM M M M M N M PO O O N PO M MP B
 P-M P PH M P P MN PB

STEP 1 Total Number of Family Members (including yourself)		STEP 2 Total Annual Family Income from All Family Members and Sources (including yourself)		STEP 3 Family Members Information <i>(Please list full name of family member(s) and state relationship to you)</i>	
<input type="checkbox"/>	1	<input type="checkbox"/>	up to \$30,000	Name	Relationship
<input type="checkbox"/>	2	<input type="checkbox"/>	\$30,001 - \$38,700	Name	Relationship
<input type="checkbox"/>	3	<input type="checkbox"/>	\$38,701 - \$47,500	Name	Relationship
<input type="checkbox"/>	4	<input type="checkbox"/>	\$47,501 - \$54,400	Name	Relationship
<input type="checkbox"/>	5	<input type="checkbox"/>	\$54,401 - \$60,200	Name	Relationship
<input type="checkbox"/>	6	<input type="checkbox"/>	\$60,201 - \$66,300	Name	Relationship
<input type="checkbox"/>	7	<input type="checkbox"/>	\$66,301 - \$72,200	Name	Relationship
<input type="checkbox"/>	8	<input type="checkbox"/>	\$72,201 - \$76,500	Name	Relationship
<input type="checkbox"/>	9	<input type="checkbox"/>	\$76,501 - \$79,100	Name	Relationship
<input type="checkbox"/>	10	<input type="checkbox"/>	\$79,101+	Name	Relationship

Part 6: DECLARATION

By signing below I, declare that:

- a) The information I have provided accurately represents my current financial situation.
- b) I understand if the information on this application cannot be verified/supply documentation or is intentionally misrepresented, this may be a violation of the Student Code of Non-Academic Conduct and I may be asked to repay any bursary funding received.
- c) This bursary will be used to cover educational costs.
- d) I authorize The G. Raymond Chang School of Continuing Education and its designates to review my academic/financial record as required.
- e) I am able to provide verification and documentation upon request of all information included in this application.
- f) The above information is, to the best of my knowledge, true and accurate. I understand that any false statements I may make could disqualify me from current or future The G. Raymond Chang School of Continuing Education Tuition Fee Bursary.
- g) I understand and agree to these terms and conditions.

The information on this application is collected under the authority of the Ryerson University Act. It will be used to process your application for this bursary and to determine the recipient of the bursary. If you have questions about the collection, use and disclosure of this information by the University, please contact the Manager of Student Financial Assistance and Awards, Ryerson University, 350 Victoria Street, Toronto, Ontario, M5B 2K3, 416.979.5113.

Name (Printed)	Signature	Date Signed
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