


DO NOT WAIT FOR AN OFFER OF ADMISSION TO APPLY!

- ✓ Completion of this application means you will be considered for ANY of the awards listed below for which you qualify. Visit our website for detailed award terms.
- ✓ This application should only be completed by students who will be entering Nipissing University directly from high school.
- ✓ If you wish to be considered for awards that depend on financial need or that require extra-curricular involvement, you **MUST** submit the financial information sections along with a reference (preferably from the organization/individual who is most familiar with your extra-curricular involvement). **If you wish to be considered for the Chancellor's Award, you must submit the reference forms specific to that award (E1 & E2)**

- CHANCELLOR'S AWARD – \$10,000, renewable at \$3000/year
- SCHULICH SCHOLARSHIP –\$7,000
- Nipissing University Alumni Entrance Award
- Robert and Ann Parsons Northern Scholar Award
- Ptarmigan Mining Award
- J.S. Redpath Limited Award in Business
- J.S. Redpath Limited Award in Environmental Science
- Bachelor of Science in Environmental Biology and Technology Talon Tuition Award
- Nipissing University Entrance Bursaries
- Mac's Convenience Inc./ Northmar Distributors Entrance Scholarship (renewed for one year)
- Laurentian Community Veterans Association Award
- Lynnette Leeseberg Stamler Nursing Entrance Award
- North Bay Sports Hall of Fame Award
- Euler Family Award
- First Generation Bursary
- FIRST Robotics Scholarship

Please forward completed applications and documentation to:

Student Awards & Financial Aid, Nipissing University,
Box 5002, 100 College Dr., North Bay, ON P1B 8L7 Fax: 705-474-5295
Email: finaid@nipissingu.ca- submit as  PDF file

Application Deadline: Post-marked by **May 1**

A1. Financial Details

Name	NU Student #
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YOUR INCOME

How much of your savings do you expect to use in your first year of study? <i>(please estimate)</i>	\$
How much do you estimate you might make working part-time during school (if you intend to work)?	\$
If you have RESP's, how much of your RESP income will you access <u>for first year</u> ?	\$
Estimate total Scholarships / Awards <u>(do not include RESP's in this section)</u>	\$
What is the source of these funds?	\$
	\$
	\$
How much funding do you estimate your parents will be able to provide for first year? <i>(do not include RESP's)</i>	\$
Will you apply for government student funding (eg. OSAP) for this year?	Yes No
Will you apply for a (bank) student line of credit for the current year?	Yes No
Parents' combined annual income (as per line 150 of their most recent tax return) <i>(If your parents are divorced or separated, please use the income for the "custodial" parent; if your parent has remarried, your step-parent's information must also be provided)</i>	\$
Please list below all family members financially dependant upon your parent(s) and whether they will be enrolled in school in September	
Relationship (e.g. brother, sister, grandparent)	Age
Where will he/she be studying as of September?	
Do either of your parents work at Nipissing University?	Yes No
Will your fees be covered by an external sponsor (eg. Dept. of Indian Affairs)?	Yes No
(Complete 2 nd page of Financial section)	

A2. Financial Details – p.2

Name	NU Student #
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In determining your financial need, we will assume “standard” costs, depending on whether you live at home or away from home. Are there any exceptional costs (e.g. medical, dental, special dietary needs, etc.) you feel we should consider in your application? Please indicate type of cost and approximate total for the eight month study period.

Exceptional Cost	Approximate total \$ for Sept. - April

Please outline any factors that may impact your ability to fund your education or that should be taken into consideration when assessing your available resources (e.g. family circumstances not addressed in this application, changes to your parents' income this year, self-employment deductions not reflected in line 150 of tax return, etc.)

Declaration and Signature

I hereby declare that the information I have submitted in the Application for Entrance Awards is true and correct to the best of my knowledge and recognize that it is subject to verification by Nipissing University. The first use of any award granted me will be to pay tuition fees to the university. If I am granted an award, I agree to the release of my name, city of residence and faculty/program to the donor of my award (if applicable).

Signature (please print application and sign before submitting)

Date

If you receive an award, your name will be forwarded to the donor of your award. Occasionally, donors also ask for information such as address, details on extra-curricular involvement as provided in your application, etc. Unless you check the box below, we will assume that you give your consent for this information to be released to the donor of any award you may receive.

I do not wish my information to be revealed to the donor of any award that I might receive.

Protection of privacy

The information on this form is collected under the authority of the Nipissing University Act, 1992. The University uses relevant personal information on this form to administer scholarships, bursaries, awards, loans, work study, and OSAP for the purposes of determining eligibility, verifying the application and calculating entitlements. The personal information may be disclosed to employees of the university, donors, the federal government, and ministries of the Ontario government for the purpose of notification and verification of the application of any award. If you have any questions about the collection, use, and disclosure of this information please contact the Financial Aid Office, Nipissing University, 100 College Drive, North Bay, ON P1B 8L7, (705) 474-3450 ext. 4297.

B. Extracurricular Involvement

Name	NU #
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Activities: In this section, list the school, community, skills and talent, employment and other activities in which you have been involved in the last **three** academic years. Please list them in order of most importance to you and include positions held and duration of involvement (Example: Yearbook Committee, Member: 4 hrs/wk, 2016 – 2017; Editor: 5 hrs/wk, 2017 – 2018).

Extracurricular: at School (eg. Student government, clubs, teams, etc.)	Position held	Hrs/wk	Duration

Extracurricular: Community Involvement (volunteer) Activity – NOT part of required 40 hours	Position held	Hrs/wk	Duration

Employment Activity	Summer, School Year, Co-op or full-time?	Hrs/wk	Duration

During the past 2 years, what volunteer contribution to the community do you consider to have been the most meaningful - why? <i>(If you do not wish to be considered for awards that require extracurricular involvement, indicate "N/A")</i>

Name

C. Chancellor's Award – Additional information

Only complete this page if you qualify and wish to be considered for the Chancellor's Award

Competitions and conferences (in which you participated on behalf of your school or community)	Years (e.g. 2017-18)

Skills and Talent (Music, the arts, writing, athletics, etc.)	Years (e.g. 2017-18)

1 (a) List the three most significant activities in which you took a leadership role.

	Activity	Position held	Year(s) of involvement
1			
2			
3			

(b) Describe your leadership role in the activities listed above.

1	
2	
3	

2 In reflecting on your past three years at high school, how have you grown as a leader in your community since grade nine? What do you consider to be your greatest achievement since beginning your high school studies?

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D. Community Reference Statement

This form is not required if you submit the Chancellor's Award Reference forms (E1 & E2)

Name	NU Student #
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How long and under what circumstances have you known the above-named applicant?

Please rank the applicant on the following criteria:

INVOLVEMENT IN EXTRA-CURRICULAR ACTIVITIES

Please rank the applicant in the following categories:

Extra-curricular involvement	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Exceptional
Volunteer Community Service	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Exceptional
Initiative	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Exceptional
Leadership skills	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Exceptional
Ability to motivate others	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Exceptional
Commitment	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Exceptional

Please feel free to provide any additional information that you feel would be relevant to this student's application:*

_____	_____	_____	_____
Name (please print)	Signature	Date	Daytime telephone

**For First Robotics applicant references: please use this section to elaborate on the student's participation in the competition*

*****Completed reference forms may be faxed to 705-474-5295 or emailed to finaid@nipissingu.ca or returned to the student to be submitted with the application.*****

Application deadline: May 1

Name	NU Student #
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School Endorsement:

Please have this page completed by a high school teacher or counselor. This person should not be a relative. He/she will have observed you in your public life and be aware of your various involvements. This form must be submitted with your application form. Please note that your reference may be contacted to verify the information provided or to obtain further insight into their comments..

Name:	Title:
School Address:	
Phone Number:	Fax Number:
Email address:	

I have known the applicant for the period of _____ to _____ in my capacity as _____.

1 Please rank the applicant in the following categories:

- | | | | | |
|------------------------------|-------------------------------|-------------------------------|------------------------------------|--------------------------------------|
| Extra-curricular involvement | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent | <input type="checkbox"/> Exceptional |
| Volunteer Community Service | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent | <input type="checkbox"/> Exceptional |
| Initiative | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent | <input type="checkbox"/> Exceptional |
| Leadership skills | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent | <input type="checkbox"/> Exceptional |
| Ability to motivate others | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent | <input type="checkbox"/> Exceptional |
| Commitment | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent | <input type="checkbox"/> Exceptional |

2 Please attach a separate letter that speaks to the candidate's creativity, leadership ability and commitment to service and give concrete examples of how the candidate characterizes qualities such as originality, initiative, industriousness and good judgment. Particularly, please address any qualities or achievements of the applicant that might not be evident in his/her application.

I, _____, wish to endorse _____ for consideration of a Nipissing University Chancellor's Award.

 Signature

 Date

*****Completed reference forms may be faxed to 705-474-5295 or emailed to findaid@nipissingu.ca or returned to the student to be submitted with the application.*****

Name	NU Student #
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Community Endorsement:

Please have this page completed by an individual from your community. This person should not be a relative. He/she will have observed you in your public life and be aware of your various involvements. This form must be submitted with your application form. Please note that your reference may be contacted to verify the information provided or to obtain further insight into their comments.

Name:	Title:
Address:	
Phone Number:	Fax Number:
Email address:	

I have known the applicant for the period of _____ to _____ in my capacity as _____.

1 Please rank the applicant in the following categories:

- | | | | | |
|------------------------------|-------------------------------|-------------------------------|------------------------------------|--------------------------------------|
| Extra-curricular involvement | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent | <input type="checkbox"/> Exceptional |
| Volunteer Community Service | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent | <input type="checkbox"/> Exceptional |
| Initiative | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent | <input type="checkbox"/> Exceptional |
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| Commitment | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent | <input type="checkbox"/> Exceptional |

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 Signature

 Date

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