



UNIVERSITY
of Prince Edward
ISLAND



ATLANTIC VETERINARY COLLEGE
UNIVERSITY OF PRINCE EDWARD ISLAND

**A. STEWART BUCHANAN MEMORIAL AWARD
Application Form**

DESCRIPTION

This award has been established at the Atlantic Veterinary College in memory of A. Stewart Buchanan.

CRITERIA

Awarded to a student in financial need who is entering any year of the DVM program at the Atlantic Veterinary College at UPEI.

APPLICATION DEADLINE IS AUGUST 15

Name of Applicant: _____

Home Address: _____

Telephone: _____ UPEI Student ID: _____

UPEI Email Address: _____

Please include the following in your application package:

- Application Form (deadline is August 15)
- Financial Need Form

Signature _____ Date _____

Application materials should be submitted to:

Chair, AVC Awards Committee
c/o Karen Gillis, Academic & Student Affairs
Atlantic Veterinary College, University of Prince Edward Island
550 University Avenue, Charlottetown, PE C1A 4P3
Telephone (902) 894-2827
Fax: (902) 566-0958
Email: kargillis@upe.ca

Please note: Incomplete application packages will not be considered.



Incomplete applications will not be processed. Please include this two-page form with your application package, addressed to: Chair, AVC Awards Committee, c/o Karen Gillis, Academic & Student Affairs, Atlantic Veterinary College, University of Prince Edward Island 550 University Avenue, Charlottetown, PE C1A 4P3 Phone: (902) 894-2827 Fax: (902) 566-0958

STUDENT INFORMATION

Last name		First		Middle	
Student number		Email		Program	
Student number		Email		Program	
Year of study		Program		Year of study	
Permanent Address	Street address				Home phone number ()
	P.O. Box	City/Town	Province	Postal code	
Local Address	Street address				Home phone number ()
	P.O. Box	City/Town	Province	Postal code	

IF YOU ARE DEPENDENT ON (OR LIVING WITH) YOUR PARENTS, COMPLETE THE FOLLOWING SECTION

Father's name		Occupation		Employment status <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	
P.O. Box/Street address		City/Town		Province/State	Postal code/Zip code
Mother's name		Occupation		Employment status <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	
P.O. Box/Street address		City/Town		Province/State	Postal code/Zip code
Parents' combined income \$				Ages of non-working siblings who are 19 years of age or younger	

IF YOU ARE MARRIED/COMMON-LAW, COMPLETE THE FOLLOWING SECTION

Spouse's/Partner's name		Occupation		Employment status <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	
P.O. Box/Street address		City/Town		Province	Postal code
Spouse's/Partner's income \$					

IF YOU HAVE DEPENDANTS (CHILDREN), COMPLETE THE FOLLOWING SECTION

First and Last Names	Relationship to Applicant	Age

What is your cumulative GPA _____

STATEMENT OF FINANCIAL AID

Financial need will be determined from the budget below.

The Estimated Resources section MUST be completed; incomplete applications will not be considered.

Estimated Expenses **MUST** be stated based on an 8-month academic year (i.e., rent at \$400 per month must be stated as \$3,200)

ESTIMATED RESOURCES		ESTIMATED EXPENSES	
Based on an 8-month academic year	Amount per year	Based on an 8-month academic year	Amount per year
PERSONAL CONTRIBUTIONS		Tuition and fees	
Income from summer employment/savings		Room/apartment/rent/residence fees Roommate(s) <input type="checkbox"/> Yes <input type="checkbox"/> No How many ____	
Income from part-time employment while attending school		Medical insurance	
Student loan (expected)		Transportation (local)	
Grant from student aid		Heat	
Credit card/bank loan/student line of credit		Lights	
Bursaries, scholarships, fellowship assistance, awards from other government departments and agencies, and charitable donations, etc.		Food/meal plan	
Stocks/bonds/RESP		Child care	
Income from investments, rent, and salary		Telephone/internet	
Tuition/research grants from other sources		Other (itemize)	
Employment insurance benefits while studying			
Family benefits/child tax credit			
Other income (please specify)			
OTHER CONTRIBUTIONS			
Contributions from parent(s)			
Contributions from spouse/partner			
If no support from family please explain why			
Total resources per academic year	\$	Total expenses per academic year	\$

Provide information on any special circumstances that you feel should be considered in your case that are not accurately reflected in the financial statement (i.e. accumulated student loan debt).

1. If you are currently paying off debts, please state the amount(s) and the reason for the debts.

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2. What steps (if any) are you taking to minimize your debt-load/financial burden?

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