



UNIVERSITY  
of Prince Edward  
ISLAND



ATLANTIC VETERINARY COLLEGE  
UNIVERSITY OF PRINCE EDWARD ISLAND

**NORMA AND WILLIAM (BILL) PHELAN ENTRANCE RENEWABLE BURSARIES  
Application Form**

**DESCRIPTION**

Renewable scholarship awarded to a student entering the first year of the Veterinary Medicine program who demonstrates financial need. This award was established in memory of Norma May (Mason) and Bill Phelan based on their love for animals.

**CRITERIA**

Awarded to a student who demonstrates financial need (determined through this application process) and is a full-time student at AVC. In order to receive payments in years 2, 3 and 4, recipients must maintain good academic standing and continue to enrol in full-time studies within AVC.

**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@upei.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
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Student number	Email	Program	Year of study
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<b>Permanent Address</b>	Street address			Home phone number ( )
	P.O. Box	City/Town	Province	Postal code
<b>Local Address</b>	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
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**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 \$
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**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
<b>PERSONAL CONTRIBUTIONS</b>		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)			
<b>OTHER CONTRIBUTIONS</b>			
Contributions from parent(s)			
Contributions from spouse/partner			
If no support from family please explain why			
<b>Total resources per academic year</b>	<b>\$</b>	<b>Total expenses per academic year</b>	<b>\$</b>

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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