



ATLANTIC VETERINARY COLLEGE UNIVERSITY OF PRINCE EDWARD ISLAND

RATHLYN RENEWABLE SCHOLARSHIPS AT AVC Application Form

DESCRIPTION

The Rathlyn Foundation, through its benefactors, has been exceptionally generous to the Atlantic Veterinary College (AVC) at the University of Prince Edward Island

CRITERIA

A new entrance student will be selected each Fall and three students (one in their second year; one in their third year; and one in their fourth year) who are in good academic standing will have their Rathlyn Scholarship renewed. Applicants will be selected based on the following criteria: 1) financial need 2) strong academic record and 3) well-rounded with interests and activity in a variety of areas.

APPLICATION DEADLINE IS AUGUST 15

Name of Applicant:	
UPEI Student ID:	
or community volunteer activities, leader	fessional experiences, training or extracurricular activities, (studer ship roles, sports and hobbies).
☐ Application Form (deadline is Augus	t 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.



FINANCIAL NEED FORM

Revised August 2018 / 08-2018-11

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, Charlottet	town, PE	LIA 4P.	3 Phone: (902) 894-2827	Fax: (902) 566	5-0958			
STUDENT INFORMA	TION								
Last name			First				Middle		
Student number	Email				Program			Year of study	
	Street	Street address							Home phone number
Permanent Address		uuu. 000						.	()
	P.O. Box		City/Town		Province		1	Postal code	
	Street address						Home phone number		
Local Address	P.O. Box		City/Town		Province			Postal code	
	1.0. 00		City/iowii		Trovince		'	ostar code	
IF YOU ARE DEPEND	DENT (ON (O		WITH) YOU	R PARENT	s, cc			LOWING SECTION
Father's name		Occupation				Employment status			
DO Day/Ctreat address			C. T			☐ Part-time ☐ Fu			
P.O. Box/Street address			City/Town			Province/State		Postal code/Zip code	
Mother's name		Occupation			Employment status ☐ Part-time ☐ Full-time				
P.O. Box/Street address		City/Town			☐ Part-time ☐ Fu		Postal code/Zip code		
P.O. DOX/Street address		City/ lowii			1 Tovince/State		Postal code/Zip code		
Parents' combined income						Ages of non-working siblings who are			
\$						19 years of age or younger			
JE VOLLARE MARRIE	- D / C O	14140)			CECTION		
IF YOU ARE MARRIE	בט/כט	MMUI		JMPLETET	HE FULLO	WINC			
Spouse's/Partner's name		Occupation				Employment status □ Part-time □ Full-time			
P.O. Box/Street address		City/Town			Province		Postal code		
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Spouse's/Partner's income			1						
\$									
IF YOU HAVE DEPEN	IDANI	בצ (כד	III DRENI)	COMPLET	F THE EOLI	OW	ING SECTIO	N	
IF YOU HAVE DEPENDANTS (CH									
First and Last Names		Relationship to Applicant				Age			

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)					
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 Child care					
Stocks/bonds/RESP			Telephone/internet					
Income from investments, rent, and salary			Other (itemize)					
Tuition/research grants from other sources			other (itemize)					
Employment insurance benefits while studying		1						
Family benefits/child tax credit								
Other income (please specify)		1						
OTHER CONTRIBUTIONS		1						
Contributions from parent(s)								
Contributions from spouse/partner		1						
If no support from family please explain why								
Total vaccinas was analysis was	<u> </u>	+	Total expenses per academic year	\$				
Total resources per academic year	\$,					
Provide information on any special circumstances that you (i.e. accumulated student loan debt). 1. If you are currently paying off debts, please state the amount of the company of the c				ncial statement				
2. What steps (if any) are you taking to minimize your debt	t-load/financial burd	den	?					

3. Please use the space below to explain any cost/expenses you have above and beyond those incurred by an average veterinary student:				
	; recipients can choose whether they are publicly recognized or not. Please indicate you look on the second publicly	our preference:		
APPLICANT DECLARATION				
	onest representation of my financial situation, estimated to the best of my ability.			
Signature of applicant	Date			