STUDENT ABROAD (SA) BURSARY 2017-2018

Bursaries, ***valued up to*** **$1,500**, *may* be available to full-time students completing an ***international*** student abroad program as part of their degree requirement at the University of New Brunswick *(Fredericton Campus)*. The award will be contingent on the students' registration and completion of the student abroad program.

The following Student Abroad Programs are **eligible for bursary consideration**:

- Student Exchange Programs accredited to your UNB academic transcript from **January 2017-April 2018**
- Other courses or programs taught abroad accredited to your UNB academic transcript in the **January 2017-April 2018 terms of study.**

If, for any reason, the Student Abroad Program cannot be undertaken, the bursary resources will be forfeited.

Eligibility

- Restricted to **CDN/Landed Immigrant** students registered at UNB (Fredericton Campus) on a **full-time basis** during the term of study (only exception is Students with Disabilities whose full-time status will be determined according to federal/provincial student aid guidelines).
- Restricted to students in good academic standing with demonstrated financial need.

Application Check List – Must Complete!

- **Application**
- **Letter**
- **Budget**
- **Reassessment** - If applicable, must include most recent Reassessment from federal/provincial student aid funding.

Notification

- UNBF Financial Aid Office will notify all applicants, by e-mail, of their award status.
- Bursaries will be credited to your UNB student account and disbursed by Financial Services, IUC Building.

Deadlines:

1st Deadline: Thursday, December 1st, 2016 by 4:00 p.m.
2nd Deadline: Monday, April 3rd, 2016 by 4:00 pm

UNBF Financial Aid Office
CC Jones Student Services Centre,1st Floor, 26 Bailey Drive
Fredericton, NB E3B 5A3

TEL (506) 453-4796 FAX (506) 453-5020 E-MAIL: finaid@unb.ca

STUDENT ABROAD (SA) BURSARY APPLICATION

STUDENT INFORMATION

(Social Insurance Number and Date of Birth are necessary to follow-up with provincial student aid offices.)

Surname:	**Given Name:**
UNB Student No.:	**Phone Number (local):**
SIN:	**Degree & Year of Study:**
Date of Birth: Month Day Year	**Campus:**
UNB E-Mail:	**Male** ☐ **Female** ☐
Local Address:	**Permanent Address & Postal Code:**

STUDENT CATEGORY

Single Student ☐ **Married/Common-Law Student** ☐ **Single Parent** ☐

GOVERNMENT STUDENT AID INFORMATION (If applicable)

PROVINCE:
(Province through which you receive student loans)

STUDENT ABROAD PROGRAM (SAB) INFORMATION

Name of SA Program (RC, Exchange, German Co-op, BEd Practicum, etc.)

Country and university that you will be attending:

Dates that you will be studying abroad:

TERM(S) THAT YOU WILL RECEIVE ACADEMIC CREDIT FOR STUDYING ABROAD

Summer Term ☐ **Fall** ☐ **Winter** ☐

I authorize the University of New Brunswick to verify information contained within this application.

Signature: _____ ***Date:*** _____

1st Deadline: ***Thursday, December 1st, 2016 by 4:00 pm*** ***2nd Deadline:*** ***Monday, April 3rd, 2017 by 4:00 pm***

STUDENT ABROAD (SA) BURSARY SHEET

~Complete budget for the term while Studying Abroad~

STUDENT NAME:		**STUDENT NO.:**	
STUDENT EXPENSES		**STUDENT RESOURCES**	
Tuition and Fees	$	Savings for Study Abroad	$
Books (for the term)	$	Part-time student earnings during academic/calendar year	$
Rent _____X 4 months	$ 0	Family/Parental resources	$
Utilities _____X 4 months *(phone, power, cable, internet)*	$ 0	Scholarships, Trust funds, other	$
Food _____X 4 months	$ 0	Canada Student Loan	$
UNB Residence Costs *(if applicable)*	$	Canada Student Grant(s)	$
Local Transportation while at UNB	$	Provincial Student Loan	$
Return Transportation	$	Provincial Bursary	$
Entertainment	$	Canada Pension	$
SA Program Costs-*include personal leisure travel*	$	Line of Credit available for term	$
Other expenses, please specify:		***Other resources, please specify:***	
Emergency Fund of $1,000 →→→→	$		
	$		$
	$		$
	$		$
	$		$
TOTAL EXPENSES	$ 0	**TOTAL RESOURCES**	$ 0

Total Expenses	***$*** 0	***- Total Resources***	***$*** 0	***= Anticipated Shortfall***	***$*** 0

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LETTER OF APPEAL

~ MUST COMPLETE ~

STUDENT NAME:_____ **STUDENT NO.:**_____

Please provide a detailed letter outlining your specific situation with supporting documentation such as exceptional expenses and/or extenuating circumstances in the space provided below. Explain costs associated with studying abroad.