

WRITTEN STATEMENT

If there are any extenuating circumstances that have affected your ability to fund your expenses, please provide a brief explanation in the space below. *Please do not exceed the space provided below.* Attach supporting documentation where applicable. (e.g. doctor's note)

I have read and agree to the following:

1. The information I have provided in this application is **complete and accurate**.
2. All information I have provided in connection with this application is subject to verification and audit by York University. I will provide supporting documentation to York University to verify my eligibility **upon request**.
3. I give York University my consent to disclose information on this form to other educational institutions and the Ministry of Training, Colleges and Universities (for OSAP purposes) to verify information.
4. Any funds I receive will be applied to my student account at York University.
5. **Financial award consent:** Should I be selected to receive a needs-based financial award, I consent to the disclosure to the donor of the award, York University Foundation and other educational institutions the following information: my name, my award, program of study, year level and the amount of my award.
6. **Scholarship consent:** Should I be selected to receive a scholarship, I consent to the use and disclosure of my name, program of study, year level and photograph for promotional purposes.

SIGNATURE	DATE

ALL APPLICATIONS MUST HAVE AN ORIGINAL SIGNATURE. Faxed copies/photocopies will not be accepted. Please answer all questions in ink. Incomplete forms CANNOT be processed.

OFFICE USE ONLY:

Initials: _____ Date: _____ Bursary Amount: _____

Comments:

Should you receive a needs-based award and wish to withdraw consent for disclosure, please send a written request to the Faculty of Graduate Studies, 283 York Lanes, and/or email gsawards@yorku.ca. Please ensure that you include your name, student number and the name of this application form in your request.