

FINANCIAL AID APPLICATION UPDATE FORM - REQUIRED

All students who submitted a full-year financial aid application are required to submit this Financial Aid update form at the beginning of each subsequent term.

*****Failure to submit this update form will result in your application being withdrawn from consideration for the term for which an update was not submitted***

Please check one: ___ My income/expenses have not changed (please sign below)
 ___ My income and/or expenses have changed (note changes below)

TIME FRAME DURING WHICH THE CHANGES APPLY: _____

****ONLY NOTE CHANGES** (i.e. it is not necessary to fill out lines that have not changed)

| REVISED EXPENSES | | \$ Per Month | | \$ Per Term | REVISED RESOURCES | | \$ |
|---------------------------------|---------------|--------------|----|-------------|-------------------------------|---------------|----|
| ___ Individual | ___ Household | | | | ___ Individual | ___ Household | |
| Tuition & Fees | | | x1 | | Income | | |
| Books and Supplies | | | x1 | | Savings (not including RRSP) | | |
| Rent/Mortgage Payment per month | | | x4 | | Family/Friends Contribution | | |
| Insurance (life/auto/home) | | | x4 | | Child Support | | |
| Groceries per month | | | x4 | | Scholarships/Grants (non-VST) | | |
| Round trip home | | | x1 | | Student Loan | | |
| Child care per month | | | x4 | | Bank Loan/Line of Credit | | |
| Charitable donations | | | x4 | | Denomination Support | | |
| Other (Specify) | | | x1 | | Other (specify) | | |

Additional Information: If there is any additional information which would add to or clarify any details of your update, please make note of them below (use reverse side if necessary).

Declaration: I certify that this is accurate update of my financial position. I am aware that should any inconsistencies in what I have reported come to light, I may be required to repay all or part of any award received. I agree that my name and denominational affiliation may be released to the living contact of any bursary I receive.

 NAME OF APPLICANT

 SIGNATURE OF APPLICANT

 DATE