**PALM GRADUATE STUDENT FINANCIAL NEEDS APPLICATION**

The UBC Pathology & Laboratory Medicine Graduate Program (PALM) has a limited number of bursaries available for graduate students with demonstrated financial need. This form must be completed if you are applying for the PALM Bursary. Note, needs-based bursaries are restricted to individuals with demonstrated financial need according to some of the criteria listed below at the time of application. You may be contacted by the PALM Program to verify the information below.

**PALM GRADUATE STUDENT FINANCIAL NEEDS BURSARY**

STUDENT NAME DATE OF ENTRY TO GRADUATE STUDIES

PROGRAM SUPERVISOR

Please answer the following questions below to have your eligibility for the PALM Financial Need Bursary taken into consideration.

1. Do you currently hold a competitive scholarship, including a Canada Graduate Scholarship (CGS-M or CGS-D), Vanier Scholarship, Four-Year Fellowship (4YF), or other government or UBC-based scholarships? Please check all that apply:

[ ]  CGS-M

[ ]  CGS-D

[ ]  Vanier

[ ]  4YF

[ ]  Other (please specify the award and $/yr) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  No, I currently do not hold a competitive scholarship

1. Does the total of your annual scholarship support (if any) and the stipend provided by your research supervisor total a minimum of $26,000 per year?

[ ]  Yes

[ ]  No

If no, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you identify as an international student and pay international tuition fees?

[ ]  Yes

[ ]  No

1. Are you currently a single parent or the sole financial earner of a household who supports a child or children?

[ ]  Yes

[ ]  No

[ ]  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What are your current living arrangements? Are you living with:

[ ]  A Roommate or Partner

[ ]  At Parent’s or Family Member’s Home

[ ]  In Subsidized Housing (e.g., UBC student housing)

[ ]  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What are your monthly living expenses (e.g., housing, food, tuition, etc.)? Please provide a breakdown below

Housing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you contacted UBC Enrollment Services to apply for an Emergency Bursary (EB) and/or the Graduate Student Society to apply for the Graduate Student Financial Aid (GSFA) Fund?

[ ]  Yes (EB)

[ ]  Yes (GSFA fund)

If yes, are you currently receiving the EB [ ]  and/or GSFA [ ] ?

[ ]  No (neither of the bursaries - please specify why) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please provide any additional information about your financial need below.

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**Applicant’s Declaration and Authorization:** I hereby certify that the foregoing information is a true, complete, and accurate statement of my financial status. I understand I may be required to supply additional documentation if this application is successful and if I am requested to do so. This application and all supporting documents will be retained in the PALM records. I authorize PALM to contact the sources of my supplementary documentation to verify the information. If any information I have provided is found to be intentionally falsified, I understand I may become permanently ineligible to apply for or receive any future PALM awards and may be asked to pay back the PALM bursary.

SIGNATURE (OR INITIALS) OF APPLICANT DATE