



# Rosthern Junior College

## STUDENT FINANCIAL ASSISTANCE 2020–2021

### **INFORMATION AND APPLICATION**

#### **This package contains:**

- Current Guidelines & Expectations
- Application Form

**To request financial assistance**, remove the application form from this package and submit it along with a copy of the latest Income Tax T4 Summary Page of the supporting parent(s). For further information or to submit the completed application package, contact:

Admissions  
Rosthern Junior College  
Box 5020, 410 – 6<sup>th</sup> Avenue  
Rosthern, SK S0K 3R0

Phone: 306 232-4222  
Fax: 306 232-5250  
Email: [admissions@rosthernjuniorcollege.ca](mailto:admissions@rosthernjuniorcollege.ca)

### **RJC POLICIES AND PROCEDURES**

**Policy Title:** Student Financial Assistance Policy

#### **Policy Statement:**

In recognition of the benefactors who contribute funds for student financial assistance, the board of Rosthern Junior College commits itself to responsible stewardship of these donated resources. The objective is to ensure that financial assistance is distributed fairly, in a manner that makes the school's program accessible to those who would not otherwise be able to attend because of financial hardship, and to bring stability to the enrollment levels in as far as financial assistance is able to do this.

#### **Procedures:**

1. All transactions will be carried out and documented according to generally accepted business and accounting procedures and the regulations of Canada Customs and Revenue Agency.
2. Procedures, guidelines and regulations for the payment and collection of tuition fees will apply to all students including financial assistance recipients.
3. Application forms and supplemental information are to be provided to parents/guardians who have expressed a need and an interest. It is to be indicated to parents/guardians that the Student Financial Assistance (SFA) Committee makes final decisions regarding the allocation of financial assistance. Information provided by parents/guardians is to be kept in confidence by the committee and delegated staff.
4. Decisions regarding student financial assistance will be made by RJC administration. Bursary decisions are made on a case-by-case basis.
5. Decisions of the SFA Committee will be made based on the information provided by the applicant's family through the provision of the most **current tax returns**, and from interviews with the family by the staff.
6. The families of students receiving financial assistance are encouraged to reimburse the bursary fund following the completion of their child's education to make attendance at RJC possible for others.
7. Only in exceptional cases shall the amount of financial assistance **exceed the amount** of the tuition.
8. Primary criteria for the disbursement of financial assistance funds shall include:

- **demonstrated financial need**
  - **suitability of the applicant to the RJC program**
  - need to **stabilize enrolment** and **protect the integrity of programs.**
9. One half of the total financial assistance **awarded** will be applied to the student's account **at the successful completion of a semester.** To have successfully completed a semester means:
- a) The student has maintained **acceptable academic work.** The teachers and deans have noted that the student takes his/her academic work seriously and shows effort and diligence.
  - b) The student has **exhibited acceptable behavior.** The teachers and deans have observed that the student and parents are willing to work with teachers and deans to meet academic and school community goals.
  - c) The **student remains until the end of the semester.** Any early withdrawal will forfeit the financial assistance for that semester and will mean the liability for the total account will be the responsibility of the student/parent.

If these conditions are met the financial assistance will be awarded as indicated. Should the conditions not be met, financial assistance will be revoked and other applicants considered.

10. The total monetary amount of financial assistance shall not exceed the budget figure for the item "Bursaries Paid Out" in any given year. Unless otherwise determined, this budget figure shall reflect the interest earnings from bursary endowment funds and current donations designated for bursaries. The principal amounts of the bursary endowment funds are not available for student bursaries.

***See next page for Financial Aid Application***



**STUDENT FINANCIAL ASSISTANCE APPLICATION**

**Section 1: Student Information**

**A. Personal Data:**

Student's Last Name: \_\_\_\_\_

Student's First Name: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Birth date: \_\_\_\_\_

Street/Box/Apt. Number: \_\_\_\_\_

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country (if not Canada): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Section 2: Parent (or Guardian) Information**

**B. Parental Information:**

**Parent/Guardian 1** Custodial / Non Custodial *(circle one)*

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Address: Same as student, or \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**Parent/Guardian 2** *(if applicable)* Custodial / Non Custodial *(circle one)*

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Address: Same as student, or \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**Please attach a copy of last year's Notice of Assessment.** If you did not file an income tax return last year, please submit a copy from a previous year.

**Parent/Guardian 1:**

If you did not file an income tax return, enter your total income from all sources for last year.

\$ \_\_\_\_\_ Current marital status: \_\_\_\_\_

**Parent/Guardian 2:**

If you did not file an income tax return, enter your total income from all sources for last year.

\$ \_\_\_\_\_ Current marital status: \_\_\_\_\_

**Please state any special circumstances that relate to this application:** *(Please use additional paper if necessary.)*

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**C. Dependent Children Data**

Complete one line for each dependent child (a child who is 18 years or younger and is wholly dependent on you or your spouse for support). Do not include the applicant. If more space is required, attach a separate sheet.

1 <sup>st</sup> Dependent's Given Name:	_____	Birth date:	_____
2 <sup>nd</sup> Dependent's Given Name:	_____	Birth date:	_____
3 <sup>rd</sup> Dependent's Given Name:	_____	Birth date:	_____
4 <sup>th</sup> Dependent's Given Name:	_____	Birth date:	_____

**A note on privacy protection:** RJC commits itself to the upholding of financial assistance applicants' right to privacy, and will ensure that information gathered for this application will normally be used only for the purpose of determining eligibility. Information received from applicants will remain confidential to the Student Financial Assistance (SFA) Committee unless its use in any other way would benefit the applicant(s). In no case will the information be shared with anyone outside of the SFA Committee without the consent of the applicant(s).

**Declaration and Authorization of Parent, Guardian, or Sponsor**

I declare that all information or documentation that I have provided in or relating to this application is complete and correct in all respects, and that any information or documentation that I subsequently provide will also be complete and correct in all respects.

**Parent/Guardian**

**Parent/Guardian 2** *(where applicable)*

\_\_\_\_\_  
Signature *(Please sign in ink)*

\_\_\_\_\_  
Signature *(Please sign in ink)*

Date: \_\_\_\_\_

Date: \_\_\_\_\_

***Remember to attach a photocopy of last year's Notice of Assessment.***

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*Rosthern Junior College*

Revised Jan 2020

Box 5020 Rosthern, SK S0K 3R0 Phone: (306)232-4222 Fax: (306)232-5250

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