



Research Bursary Application

PLEASE FILL ELECTRONICALLY OR PRINT USING BLUE OR BLACK INK

Last Name:	Given Name(s):	Student ID No.:
Social Insurance No.:	Mailing Address:	
City:	Province:	Postal Code:
Mobile Phone:	Home Phone:	Office Phone:
Email Address:	Current Degree Level (circle/highlight): Master's / PhD Full-Time / Part-Time	
Faculty:	Department:	Major:
Program Start Date:	Expected Completion Date:	Number of Months Completed:
Citizenship (circle/highlight): Canadian Citizen Permanent Resident International Student		
Have you received this award during your current degree level (circle/highlight)? YES NO		



Research Bursary Application

I understand that if this declaration is not signed, my Research Bursary application cannot be considered for funding.

Declaration (please read before signing):

I understand that I may be denied the Research Bursary if:

- I am not currently a registered University of Lethbridge part or full-time graduate student. I make a false or misleading statement in this application.
- I do not comply with a request from the GSA to provide information or documents to verify information in this application.
- I have already been awarded a GSA Research Bursary within my graduate degree level.

I allow the GSA to seek:

- The release and exchange of financial or personal information and related documents from such entities as the University of Lethbridge, any level of government Department, funding agency, landlord, reference, lending institution or employer, for verification of information provided in this bursary application.
- The disclosure and exchange of personal information and documents including my address, contact information, references, academic status, financial assistance and other personal information by and between the GSA, the University of Lethbridge, and any third party authorized to collect a debt owed to the University of Lethbridge (FOIP Section 40).

I declare that:

The information provided on this application and all attachments are true. I understand that all the information provided is subject to verification.

Student Name (please print)

Student Signature

Date (DD/MM/YYYY)

Supervisor Name (please print)

Supervisor Signature

Date (DD/MM/YYYY)



Applicant's Use	Office Use	Checklist
		Completed GSA Research Bursary Application
		Proof of enrollment in semester for which the application is being submitted
		250-300 word description of your research project and how the expenditure will enhance/benefit your graduate student experience
		A detailed budget that includes a description of the expenditure, cost of the expenditure, and any circumstances that may have caused you to pay more than a reasonable amount for the expenditure

For Office Use Only	
Date Received (DD/MM/YYYY)	
Received By	
Date Reviewed	
Reviewed By	
Amount Approved	
Date of Award Distribution	

This personal information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection Privacy (FOIPP) Act. The personal information will be used for award eligibility assessment purposes and the aggregate data will be used for evaluation and statistical summaries. The University of Lethbridge Graduate Students' Association may directly contact Revenue Canada, other federal departments, provincial or municipal departments, employers, financial & educational institutions without your consent, when necessary, to determine and verify your eligibility for the GSA Student Service Award. All information collected by the University of Lethbridge Graduate Students' Association is protected by provisions of the FOIPP Act. If you have any questions about the collection, use or disclosure of your personal information, contact GSA at 403.329.2132.