

## **Aileen Clark Lambie Awards (5) \$1,500 approx. each**

**Awards for 2<sup>nd</sup>, 3<sup>rd</sup> or 4<sup>th</sup> year undergraduate female students enrolled full time in an Engineering program within the Faculty of Engineering and Architectural Science**

**Faculty of Engineering and Architectural Science**

**APPLICATION DEADLINE: Monday, October 2, 2017 at 4:00p.m.**

### **Aileen Clark Lambie Awards**

Open to second, third or fourth-year female engineering students who have made a notable contribution to women in engineering activities in the Faculty of Engineering and Architectural Science. Eligible candidates must be Canadian citizens or Landed Immigrants who meet modest academic expectations and demonstrate financial need. Added consideration will be given to mature students who are GTA residents.

### **Eligibility and Application Process**

Applicants must meet the following criteria:

- Have a record of clear standing
- Demonstrate financial need through the submission of a budget statement
- Submit a letter outlining their contributions to the Faculty
- Be a Canadian citizen or a Landed Immigrant and be a resident of the Province of Ontario

### **Adjudication**

The Sub-Committee of the Women in Engineering Committee will review applications and chose recipients based on the above criteria.

Please submit an application letter outlining how you meet the criteria, and a completed Budget Statement, in a sealed envelope to the Dean's Office, ENG 359, Faculty of Engineering and Architectural Science by **Monday, October 2, 2017 at 4:00p.m.**

**Student Budget Form**  
**Student Financial Assistance**

This budget captures an individual student's educational expenses. Tuition fees are for Ryerson undergraduate courses taken **September to April (8 months)** while on campus. Do not include expenses while on a co-op or work term. Please complete all sections and check the appropriate boxes. Leave the amount blank in the amount field if there is nothing to report. Student budgets submitted with NIL resources will NOT be considered for the bursary/award/scholarship.

**For each item below enter in the total amount which reflects the full academic year, 8 months. Do not enter the monthly amount only.**

Educational Expenses	Amount	Study Period Resources	Amount
Current year's Tuition fees, no late penalties	\$	Savings (include any funds used to pay current year's tuition fees and other school expenses in the summer months)	\$
Current year's Books and related supplies	\$	Expected/Earned Employment income, Stipends/ Teaching Assistants, etc. during the academic year	\$
Accommodation costs (check one box only). Maximum allowed claim up to \$9600 (\$1200 per month) <input type="checkbox"/> Living with dependants (spouse, children, family members) <input type="checkbox"/> Away from home on own/or sharing. <input type="checkbox"/> Live in Ryerson residence. (excludes meal plan) <input type="checkbox"/> Living with family (no dependants) claim up to \$3600 (\$450 per month)	\$	Government student assistance – OSAP loans and grants, Out of Province student loans and grants <b>Specify which one(s)</b> _____ - _____	\$
Food (check one box only). Student's costs only. Maximum allowed to claim up to \$4000 (\$500 per month) <input type="checkbox"/> Living away from home, Ryerson residence or with dependants <input type="checkbox"/> Living with family (no dependants). \$2000 (\$250 per month)	\$	Ryerson Scholarships, Awards, Bursaries or Student Access Guarantee <b>Specify which one(s)</b> _____ _____	\$
Utilities, telephone, cell phone, cable & internet costs (check one box only). Student's costs only Maximum allowed to claim up to \$800 (\$100 per month.) <input type="checkbox"/> Living away from home, Ryerson residence or with dependants <input type="checkbox"/> Living with family/relatives.	\$	Other forms of government assistance (Social Services, Orphan/Disability pensions, allowances, etc.) <b>Specify which one(s)</b> _____ _____	\$
Personal/Miscellaneous Expenses - includes laundry, personal hygiene, clothing, personal medication, prescription glasses and dental work not covered by private or university medical/dental insurance. Costs for student only Maximum allowed to claim up to \$960 (\$120 per month).	\$	All money/cash/gifts/monthly allowances and/or loans received from parents, spouse/partner or other persons. Include any funds used to pay for tuition fees, books, etc.	\$
Transportation to and from classes Student cost only. <input type="checkbox"/> Within the GTA. Allowable maximum up to \$130 per month. <input type="checkbox"/> Outside GTA. Allowable maximum up to \$205 per month (TTC + GO) <input type="checkbox"/> Within walking distance. Transportation costs \$0.	\$	All other sources of income received. Check one: <input type="checkbox"/> Educational Scholarship Trust Funds/RESP's <input type="checkbox"/> Other income (income tax rebate, etc.) <input type="checkbox"/> Other External Scholarships/Awards/Bursaries	\$
<b>Total Educational Expenses (A)</b>	\$	<b>Total Resources (B)</b>	\$
<b>To calculate unmet need:</b> Subtract Total Resources (B) – Total Expenses (A) = unmet need	<b>Unmet Need</b> \$	<b>If your resources (B) are a larger amount than your expenses (A) do not submit this application and budget.</b>	

**Declaration and Understanding: Please check all applicable boxes to be eligible for the award, scholarship or bursary.**

- I am a Canadian citizen, permanent resident or protected person.
- I am a resident of Ontario.
- The information I have provided is an accurate representation of my current financial situation. Receipts are available upon request to verify the information listed on the application.
- I understand if the information on this application is intentionally misrepresented this may be a violation of the Student Code of Non-Academic conduct and I may be asked to repay any award/scholarship/bursary funding received.
- This award/scholarship/bursary will be used to cover educational costs.
- I authorize Student Financial Assistance to review my academic record and current address when required.

Student Name (please print) \_\_\_\_\_ Student # \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Privacy Consent Form for Student Awards

### SECTION 1 - NOTICE OF COLLECTION - FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (“FIPPA”)

In accordance with Section 39(2) of *FIPPA*, the information provided on the award application is collected under the authority of the *Ryerson University Act, 1977* and is used by Financial Assistance and Award Administrators at Ryerson University for the purposes of determining and adjudicating your eligibility for financial assistance, including but not limited to financial awards and bursaries. The information collected may also be used on an aggregate basis in order to comply with Ryerson University’s statutory reporting obligations.

All personal information that is collected will be used, disclosed, stored, and destroyed in accordance with Ryerson University’s Procedure for Protecting Restricted Information and Providing Access to Information (see: <http://www.ryerson.ca/policies/board/informationprotectionaccessprocedure.html>) which is part of the Information Protection and Access Policy (see: <http://www.ryerson.ca/policies/board/informationprotectionaccesspolicy.html>).

If you have questions about the collection, use, and disclosure of this information by Ryerson University please contact Manager, Student Financial Assistance: [cscrase@ryerson.ca](mailto:cscrase@ryerson.ca) 416-979-5000 ext 6648.

### SECTION 2 - CONSENT TO DISCLOSE ACADEMIC RECORD TO FINANCIAL ASSISTANCE

In order to assess your eligibility for some forms of financial assistance, we may need to review your academic record.

**By signing below, you hereby consent to: (i) the collection of information for the purposes set out above in Section 1, and (ii) the disclosure of your academic record by the Registrar to Financial Assistance for the purpose of assessing your eligibility for student financial awards and/or assistance.**

**Please note that if you do not consent to the collection and disclosure, we will not be able to determine your eligibility for some forms of financial assistance.**

NAME: \_\_\_\_\_ STUDENT #: \_\_\_\_\_  
(Please Print) (Please Print)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_