C. Financial Information

Complete the budget form provided for the school term. Fill in the categories that apply to your situation. Provide estimates where necessary. This budget **MUST** balance.

Income

Parent contribution	$_____
Part-time work	$_____
Student contribution (savings)	$_____
Student loan	$_____
Income from spouse	$_____
Child care subsidy	$_____
Child tax benefit	$_____
Scholarships/awards	$_____
Other (list):	$_____
John Coid Scholarship	$_____
Total Income:	$_____

Expenses

Tuition, books and mandatory student fees	$_____
Rent or resident program	$_____
Food or meal plan	$_____
Utilities (phone, power, Internet)	$_____
Transportation	$_____
Childcare	$_____
Personal (clothes, entertainment, other)	$_____
Total Expenses:	$_____

D. Endorser Signature

The endorser acts as an objective third party from the community who is familiar with the student and can assess the financial barriers facing the student. Please select one of the following for the application endorser:

__Professional from Health, Justice, Family Services, or Non-profit organization
__Teacher __Principal
__Community Police Officer __Member of Clergy

Name:_____ Organization:_____

Position:_____ Phone and Email:_____

I verify that the student has financial need and should qualify for the John Coid Scholarship. I agree to be contacted by BDCF for follow-up if required.

Signature:_____ **Date:**_____

E. Support Material: Please attach the following to your completed application form.

- Copy of the letter of acceptance from college/university and proof of tuition deposit (if applicable)
- Paragraph that describes your financial need.
- Transcript of most recent academic marks.

Applicant Signature:_____ **Date:**_____