



## Western University PMA Dependents' Tuition Scholarship Plan

*Subject to plan conditions, dependent children of current, regular full-time PMA eligible employees are eligible to receive tuition benefits for full-time studies taken for credit towards a degree from Western University. **Tenable for courses taken between September 2017 and April 2018.***

Submit completed forms to: Student Financial Services  
Room 1120, Western Student Services Bldg.  
Western University  
London, Ontario N6A 3K7

**Deadline to Apply: June 30, 2018**

(Note: This application is for scholarship consideration for studies during the 2017-18 academic year only. This application form is not to be used for scholarship consideration for the 2018-19 academic year).

### **BENEFIT PLAN CONDITIONS**

Subject to the following conditions, dependent children\* of CURRENT, REGULAR FULL-TIME PMA EMPLOYEES are eligible to receive tuition benefits for full-time studies taken for credit towards a degree (undergraduate or graduate) from Western University. The benefit will be offered to qualified students for the equivalent of a maximum of four years of full-time registration, not necessarily consecutive, at Western University. "Full-time" is defined in accordance to Western guidelines. Students registered at colleges affiliated with the University (King's, Huron, Brescia) are eligible for this benefit.

1. The dependent children must initially satisfy the entrance requirements of their chosen degree program.
2. It is the responsibility of the scholarship applicant to provide evidence of eligibility to Student Financial Services. Incomplete applications will not be processed.
3. The Benefit shall be tenable for courses taken for credit towards a degree from Western University for a maximum of four years full-time (not necessarily consecutive). "Full-time" as defined in accordance with Western's guidelines.
4. Claims under this plan should be submitted by June 30, 2018 following the start of the academic session for which the claim is being made.
5. Main campus students: If awarded, the scholarship will be applied directly to the student's tuition account. If fees have been paid in full a refund will be issued to the student. Affiliate College students: If awarded, a cheque for the amount of the scholarship will be issued to the student.
6. Students who are not eligible for the benefit will be informed in writing that they are not eligible.
7. Details regarding eligibility are the personal information of the student and cannot be disclosed to a third party without the consent of the student.

\*A dependent child is defined as unmarried (including legally adopted children, foster or step-children), not engaged in full-time employment, dependent on you for financial support and under the age of 21 unless the child is registered as a full-time student in which case the child must be under the age of 25 or if incapable of self support due to mental or physical infirmity which began while the child was covered as the Employee's dependent will continue to be eligible.

The value of the annual benefit shall be \$1,200.00 for the period of September 1, 2017 to April 30, 2018. 'Academic year' refers to the September to April period only, and does not include summer or intersession courses.

*The personal information on this form is collected under the authority of the University of Western Ontario Act, 1982, as amended. To view the complete Personal Information Collection Notice visit the online Academic Calendar at:*  
<http://www.westerncalendar.uwo.ca/>

Section A – **STUDENT ENROLMENT** (please check one):

<input type="checkbox"/> <b>UNDERGRADUATE</b> Full Time - \$1200	<input type="checkbox"/> <b>GRADUATE</b> Full Time - \$1200
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Section B – **STUDENT INFORMATION**

Surname	Given Name
Address	
Phone #:	Email:
	Date of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Another	Student Number (required):

I hereby certify that all information provided on this application is true in all material respects.

\_\_\_\_\_  
Signature of Student Applicant

\_\_\_\_\_  
Date

Section C – **PMA MEMBER CERTIFICATION**

Surname:	Given:
Employee # (required):	Phone #:
Faculty/Department:	Email:

I hereby certify that I am a current, regular full-time PMA employee at Western University. The foregoing statements relating to the student named in Section ‘B’ are true in all material respects. The aforementioned student is my dependent, as defined by the Benefit plan for PMA staff.

\_\_\_\_\_  
Signature of PMA Member

\_\_\_\_\_  
Date

<b>WESTERN OFFICE USE ONLY</b>		
PMA Member Eligible <input type="checkbox"/>	Previously Awarded <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Notification Sent	Amount Awarded	