

# Bursary Application for Dependents and Spouses of Employees



Please refer to the reverse side of this document for instructions. Incomplete forms will be returned to the employee without processing. This form does not enroll you into the course(s). Please consult course contact for registration process.

Date of Application YR: MO: DY:

Application is being made for: Dependent Child  Spouse

## STUDENT INFORMATION

Part-Time

MCMASTER STUDENT ID NUMBER

Full-Time

- Minimum 24 units in the Fall/Winter Term (Sept-Apr)
- Minimum 6 units in the Spring/Summer Term (May-Aug)

Y Y Y Y M M D D

DATE OF BIRTH

For age/status requirements, please see the reverse side of this form

SURNAME

GIVEN NAME(S)

FACULTY PROGRAMME INFORMATION

STUDENT MUST COMPLETE A SEPARATE APPLICATION FOR EACH SESSION SHOWN

Undergraduate Students	Fall/Winter Term Sept - April <small>(submit application by Aug. 15)</small>	Spring/Summer Term May - August <small>(submit application by Apr. 1)</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Divinity School Students	Fall/Winter Term Sept - April <small>(submit application by Aug. 15)</small>	Spring/Summer Term May - August <small>(submit application by Apr. 1)</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Graduate Students including Medicine	Start Date	End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
	MM YEAR	MM YEAR

MBA Studies	Place a checkmark in the term for which application is being made		
	Sept/Dec	Jan/Apr	May/Aug
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Clinical Behavioral Science	Place a checkmark in the term for which application is being made		
	Sept/Nov	Jan/Mar	Apr/Jun
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

APPROVED BY HUMAN RESOURCES DATE

COMMENTS

Code

ACADEMIC YEAR

September 1, \_\_\_\_\_ to August 31, \_\_\_\_\_

## EMPLOYEE INFORMATION

EMPLOYEE ID NUMBER

Y Y Y Y M M D D

EMPLOYMENT DATE

SURNAME

## check one

Faculty Staff Retiree

DEPARTMENT

POSITION

BUILDING

ROOM

TELEPHONE

EMAIL

- I certify that the information given in this application is correct and that the applicant is my spouse or dependent as defined in the University Policy on Bursaries for Dependents of University Employees.
- I apply for the benefits elected on this form provided by the applicable policy.

EMPLOYEE'S SIGNATURE

## Part-Time Faculty - Confirmation of Appointment (to be signed by the Dean or authorized designate)

BY SIGNING BELOW, I AM CONFIRMING THAT THIS CLINICAL FACULTY MEMBER MEETS THE CRITERIA AS SET OUT IN THE POLICY, SPECIFICALLY

- They have held a part-time appointment for three continuous years, and carry a teaching course load equivalent to nine (9) units of undergraduate teaching per year or a minimum of 270 hours of teaching per year.

PRINT NAME

POSITION

FACULTY

EMAIL

SIGNATURE

To see the complete policy, please refer to [www.workingatmcmaster.ca](http://www.workingatmcmaster.ca)

## Instructions for completing the application:

- 1) Complete and sign this form (a separate application must be made for each academic session)
- 2) Send completed form, along with any documentation requested to:  
  
Human Resources Services  
Bursary Application  
Campus Services Building, 202
- 3) Upon receipt of the approved request form from Human Resources proceed with course registration.
- 4) Incomplete forms will be returned to the employee without being processed.

## Eligibility of Employee:

If eligibility is in question contact Human Resources at ext 222HR (22247) or refer to the complete policy at [www.workingatmcmaster.ca/policy](http://www.workingatmcmaster.ca/policy)

Bursary is available to the spouse and dependents of:

1. All full-time and part-time faculty with at least half-time appointments who have completed three years continuous service to the University by the first day of the academic session for which the bursary is awarded.
2. Clinical faculty who hold full-time or continuous part-time appointments provided that they contribute at least 270 hours of clinical teaching per year or a teaching course load equivalent to nine (9) units of undergraduate teaching per year, the program may be extended to part-time faculty in Health Sciences according to the above equivalence, subject to Faculty approval.
3. All employees who are employed either on a continuing basis or on a contractually limited basis and who work at least one-half the normal full-time hours and who have completed three years continuous service to the University by the first day of the academic session for which the bursary is awarded.
4. Retired or deceased employees who met one of the above eligibility criteria at the time of retirement or death.
5. Employees of a bargaining unit for which a collective agreement specifically extends the bursary policy to members.

## Eligibility requirements for a Dependent Child:

Age at the start

of Academic Session

Eligible Student

Up to & including 20 years

Full-time or Part-time student

21-24 years inclusive

Full-time only (should the status drop from full time to part time, the student will be responsible for the full amount of the fees).

25 years +

No benefit unless the child qualifies as a dependent due to disability

## Eligibility requirements for a Spouse:

Your legal spouse or your partner who has been publicly represented as your spouse for at least the last 12 months is eligible to receive bursary.

## Bursary Amount:

Bursaries are applied according to the current fee structure. To see the current rates and maximums in effect, please go to [www.workingatmcmaster.ca](http://www.workingatmcmaster.ca). The Benefit is applied to tuition fees only. All supplementary charges as well as any balance of tuition is the responsibility of the student.

## Tax Implications:

Tuition bursary is not a taxable benefit for the employee. The benefit will be included on a T4A slip issued to the student.

## Course Cancellation:

The bursary benefit will not be credited for charges for courses that are cancelled by the student.

### **NOTICE OF COLLECTION OF PERSONAL INFORMATION**

The information gathered on this form is collected under the authority of *The McMaster University Act, 1976*. The information is used only academic, administrative, employment-related, financial and/or statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni relations; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and is being collected pursuant to section 39(2) and section 42 of the *Freedom of Information and Protection of Privacy Act* of Ontario (RSO 1990). **If you have any questions about the collection and use of this information please contact your Human Resources Services Office** or the Privacy Office (University Secretariat), Gilmour Hall, Room 210, McMaster University.

In addition to collecting personal information for its own purposes, McMaster University collects specific and limited personal information on behalf of the McMaster Student Union, the McMaster Association of Part-time Students and/or the McMaster Graduate Students Association. The groups use the information for the purpose of membership, administration, elections, annual general meetings, health plans and other related matters only. Please contact the relevant Student Union/Association office if you have questions about this collection, use and disclosure of your personal information.