

PART-TIME SPECIAL BURSARY PROGRAM APPROVAL LETTER

P.O. Box 631, Station A
Toronto, Ontario, Canada M1K 5E9
centennialcollege.ca

Date: _____

SIN#: _____

Student #: _____

Dear

Your application for bursary assistance through the Centennial College Part-time Special Bursary Program (CCPTSBP) has been approved for the course number(s), section(s) and dates noted below.

Course # and Section #

Start Date

NEW: Due to COVID-19 social distancing, bursaries will be awarded via direct deposit to your Canadian bank account. Please ensure to submit your banking information online by, **logging into your myCentennial student account and submit your banking information as soon as possible to avoid delays in receiving your bursary.**

Your total bursary for these course(s), sections and dates will be \$ _____ and you will be issued a T4A for this amount in February of the next calendar year. Tuition fees of \$ _____ will be deducted from this amount. The balance of your bursary for \$ _____ will be deposited into your bank account, once we have initiated the payment. Please note in order to process the payment, you will need to have an active address. You will automatically receive a notification informing you of the payment. The bursary typically takes two business days to be deposited into your bank account.

This bursary covers the costs of tuition, books, compulsory fees, transportation, and if applicable, childcare costs. This bursary program does not include any allowance for living expenses.

If you are not attending or will not attend these courses for any reason, please advise Student Financial Services office in writing immediately to ensure your bursary assistance is adjusted accordingly. Be sure you also withdraw from the course(s) by contacting the CE department at ce@centennialcollege.ca

You bursary will be deposited into your bank account after you have attended the first session of each course. Please contact our office if you did not received the bursary payment before your study period end date.

Please contact our office if you have any questions.

Please **sign** and **date** here to confirm your understanding of the above.

STUDENT SIGNATURE*

DATE

Thank you

Student Financial Services: (416) 289-5300

*This serves as (your official) signature.