



MRSA EDT Dependant / Spouse MRU Credit Course Bursary Application

Who is eligible to access the bursary?

- Dependants/spouses of dues paying MRSA members (regular, continuing term, conditionally funded term, limited term and replacement term), not on an unpaid leave, and passed the probationary period.
- The dependants/spouses must:
 1. have registered as a full-time student in a minimum of 3 full courses (minimum 9 credits) at Mount Royal University in the fall and winter semesters, and
 2. attain a GPA of at least 2.0 in that semester.

As defined by the MRSA Collective Agreement:

- A dependant is an Employee's child or step-child who is less than twenty-five (25) years of age on Sept. 1 for the Fall Semester or Jan. 1 for the Winter Semester and is dependent on the Employee for support.
- A spouse is the person to whom the Employee is legally married, or a partner who has cohabited with the Employee for a minimum of twelve (12) consecutive months.

When do I apply?

Semester	Application Submission Period
Fall	September 1 - November 30
Winter	January 1 - March 31

How do I apply?

- Complete the current version of the application form, available outside the MRSA office (W301), on the MRSA website, and in Human Resources. **The most current application form will always be found on the MRSA website under 'Member Resources': <https://mrustaff.ca/>.**
- To facilitate completion of the bursary application process applicants must:
 - authorize, by signing the declaration (overleaf), the release of the GPA and the number of credits per semester by the Registrar's Office
 - **NEW:** provide the total tuition paid in the semester (this can be found in myMRU by going to 'Register & Pay' and clicking on 'Detailed Fee Information' in the Pay Fees section
 - **NEW:** have their Social Insurance Number and current mailing address on file with the Registrar's Office
- Submit the completed application form to the MRSA office or drop box outside the MRSA offices (W301) prior to the deadline. Late applications will not be accepted.

How much will I receive?

- Funding is based on the grant from MRU, the number of applicants, and the number of credits each applicant is taking in a semester. This amount cannot be determined until after the deadline, all applications have been reviewed, and the Registrar's Office releases the necessary information to the EDT Committee.
- No student shall receive more funding than the cost of their total tuition.

Any situation not covered by these guidelines will be reviewed on a case by case basis. Refer to the current Collective Agreement for details. For more information, or if you have questions, contact the MRSA Office or email the EDT Committee at edtmrsa@mtroyal.ca

I, the MRSA member, have read and understand the above:

EMPLOYEE SIGNATURE: _____ **DATE:** _____



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Date Stamp

- Read the guidelines (overleaf) and then complete this application.
- Fill in the information clearly.
- **Photocopy this application for your records and submit the original to the MRSA Office (W301).**

EMPLOYEE INFORMATION

Last Name:		First Name:	
Email:		Work Phone:	
Employee ID #:		Department:	
Relation to Applicant (check one): Spouse <input type="checkbox"/> Parent/Step Parent <input type="checkbox"/> Parental Guardian/Loco Parentis <input type="checkbox"/>			

I hereby certify that I am a dues paying member of the Mount Royal Staff Association (MRSA) and **have successfully completed my probationary period** at Mount Royal University. ***Please sign below.***

EMPLOYEE SIGNATURE: _____ DATE: _____
 (SIGNATURE ALSO REQUIRED ON THE REVERSE)

DEPENDANT/SPOUSE INFORMATION

Last Name:		First Name:	
Student ID #:		DOB (DD/MM/YYYY):	
Program:		Semester:	
Tuition Paid*:			

* See "How do I apply" on overleaf

I hereby certify that I am the dependant / spouse of the aforementioned employee of MRU. I authorize the MRU Registrar's Office to release the number of credits I have taken this semester and whether I have attained at least a 2.0 GPA to the MRSA EDT Committee for the purpose of this bursary. Furthermore, I allow the MRSA to retain a copy of this application with my Social Insurance Number and forward it to the Finance Department for purposes of reimbursement. ***Please sign below***

APPLICANT SIGNATURE: _____ DATE: _____

For MRSA Office use:			
Checked By:		Approved By:	
Date:		Date:	
Granted:		Under <input type="checkbox"/> Over <input type="checkbox"/> If over, difference=	