

**APPLICANT INFORMATION**

Surname	First Name	Middle Name	OLSAS Username
Mailing Address			
Box / Street Address		City	
Province	Postal Code	Country	
Telephone #	E-mail Address		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common Law		
Citizenship/Status in Canada	Canadian <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Study Permit <input type="checkbox"/> Other <input type="checkbox"/> _____		

**EMPLOYMENT INFORMATION**

 Are you currently employed on a full-time basis?  Yes  No

Occupation: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Annual Salary: \_\_\_\_\_

**Applicant's Spouse Information (if applicable)**
*(Married/Common Law applicants must provide requested information about spouse)*

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Annual Salary: \_\_\_\_\_

**FINANCIAL CONDITION OF APPLICANT AND SPOUSE**

Taxable income from Revenue Canada form that includes annual salary, wages, tips, interest income, welfare, and other compensation:

Income	2019	2020
<b>Applicant</b>	\$	\$
<b>Applicant Spouse</b> (if applicable)	\$	\$
<b>Total</b>	\$	\$

**Important: Attach photocopy of the summary page from your most recent personal tax return.**

Value of Assets	Investments/ Cash	Home Equity	Other Real Estate	Business/Farm	Other	Total
Applicant & Spouse	\$	\$	\$	\$	\$	\$
Current Debt	Credit Cards	Student Loans	Mortgages	Other Loans	Unpaid Medical	Total
Applicant & Spouse	\$	\$	\$	\$	\$	\$

If there are additional details that you wish to provide or if you wish to expand upon any of the information given, (e.g. note any dependent children and their ages, any special medical needs, etc.) please explain with an additional document.

I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I agree to give proof of the information that I have provided on this application if requested to do so. I realize this proof may include a copy of my income tax return.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By typing your name here, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this application.

**Return via e-mail to:** [jd@queensu.ca](mailto:jd@queensu.ca)

**If you prefer to send via regular mail, please send to:**

Queen's University  
Faculty of Law  
Admissions Office, Macdonald Hall, Room 301  
128 Union St.  
Kingston, Ontario K7L 3N6

**N.B. Remember to include a copy of the summary page of your most recent income tax return and any other supporting documentation.**

**Notice of Use:**

The personal information on this form is collected by authority of the *Royal Charter*, 1841 of Queen's University as amended and to comply with the *Freedom of Information and Protection of Privacy Act* R.S.O. 1990 c.F.31 as amended. The information collected will be used to determine your eligibility for a waiver of the institutional fee for applying to law school through the Ontario Law School Application Service or to determine your eligibility for a waiver of the fee for the LSAT test administered by the Law School Admission Council. This application will be held in the Admissions Office of the Faculty of Law for the duration of the admissions cycle in which you are seeking this financial relief and thereafter it is destroyed. If you have concerns or questions about the information collected or the how it will be used, please contact the Assistant Dean of Students, Faculty of Law, Student Services Office, Room 200, Kingston, Ontario K7L 3N6. Tel. (613)533-2220 or email [jd@queensu.ca](mailto:jd@queensu.ca).