

GRADUATE ONTARIO STUDENT OPPORTUNITY TRUST FUNDS (OSOTF) AWARD

FINANCIAL NEEDS ASSESSMENT FORM

INTRODUCTION:

The "OSOTF awards" refer to a class of awards, which have resulted from Ontario government's "matching" program. Under the program every dollar of donation received for student assistance has been matched by the government as well as the university on a dollar-for-dollar basis. There are two major conditions for all OSOTF awards. Recipients must be Ontario residents and demonstrate financial need.

ELIGIBILITY:

OSOTF awards are restricted to the residents of Ontario who demonstrate financial need, according to the provincial government's guidelines on OSOTF program.

For the purpose of OSOTF awards, an Ontario resident is either a Canadian citizen or a permanent resident of Canada who has an Ontario mailing address at the time the award is made.

In addition to the financial and residence requirements, there may be other selection criteria for the OSOTF awards.

NB: This form is not an application form for the OSOTF awards

The University of Toronto respects your privacy. Personal information that you provide to the University is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admissions, registration, academic programs, university-related student activities, activities of student societies, financial assistance and awards, graduation and university advancement, and for the purpose of statistical reporting to government agencies. At all times it will be protected in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have questions, please refer to www.utoronto.ca/privacy or contact the University Freedom of Information and Protection of Privacy Coordinator at 416-946-7303, McMurrich Building, room 104, 12 Queen's Park Crescent West, Toronto, ON, M5S 1A8.

Ontario Student Opportunity Trust Funds (OSOTF)

Financial Needs Assessment Form

Section 1

Name:

Student Number:

Address:

Department:

Email address:

Telephone number: () -

Section 2

Have you applied for OSAP/UTAPS? _____

Have you received the result of the OSAP/UTAPS assessment? _____

Section 3

Name of the OSOTF award(s) that you are applying or being considered:

Section 4

Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Other
Children	Do not include children who have been out of high school for at least 5 years. ____Number of dependent children		
Other dependents	____ Number of other dependants Relationship:		

Section 5

<p>Declaration</p> <p>I hereby certify that the information provided on this application is, to the best of my knowledge, true and complete. I understand I may be required to supply documentation, specifically my tax return (or spouse's, if applicable), for the previous year, if this application is successful and if I am requested to do so.</p>	
<p>_____</p> <p>Signature of applicant</p>	<p>_____</p> <p>Date</p>

Budget Outline:

Please provide the following summary for the **twelve-month period for which funding is being requested** (e.g., September 1, 2017 to August 31, 2018). Make notes wherever explanation is useful.

Period from: _____ **to** _____

Resources:	Amount	Expenses¹ :	Amount
Awards (specify)		Fees	
Student Stipend/ Research Assistantship ²		Books & Academic supplies	
Teaching Assistantship		Rent/Mortgage & Utilities	
Other income		Food & Household supplies	
Income of spouse/partner		Transportation	
Less Tax		Child care	

Total net income	Medical/Dental
OSAP/UTAPS	Clothing
Savings	Others (specify)
Total	Total

¹Include expenses for your spouse/partner, if applicable.

²If your graduate department provides a guaranteed stipend (i.e. supervisor's stipend), you should include that amount as a resource in your budget. Please note that the needs-assessment we perform may be used either to locate particular sources of funding for that stipend, and/or to augment the total amount of funding you will receive.

Additional Information:

If there are additional details that you wish to provide, please use the space below. Outstanding student loans may be listed below.

For Office Use Only:

Approved / Not approved

Signature

Date