



FINANCIAL NEEDS ASSESSMENT FORM

Name of award/competition for which this form should be used:

Last name: _____ First name: _____
 Email: _____ Student number: _____

Financial Information: Estimate the resource and expense amounts for the total number of months you will be registered, full-time, between September and August. Include resources and combined expenses of your spouse/partner, where applicable.

Expected Resources	Amount	Expected Expenses	Amount
Award/fellowships/grants		Fees	
		Books & academic supplies	
		Rent/mortgage & utilities	
Graduate funding package		Food & household supplies	
Research Assistantship		Transportation	
Teaching Assistantship		Child care	
Other personal net income		Medical/dental	
Net income of:		Cellular/internet	
OSAP/UTAPS		Other (list):	
Savings			
RRSP/RESP			
Total Resources	\$	Total Expenses	\$
Total resources – Total Expenses = Total Need			\$

Student Declaration: I hereby certify that the information provided on this application is, to the best of my knowledge, true and complete. I understand that 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’m requested to do so.

Signature:

Date: