

## **GRADUATE STUDENT ENDOWMENT FUND AWARD (GSEF)**

## FINANCIAL NEEDS ASSESSMENT FORM

SECTION 1							
NAME OF AWARD APPLIED FOR:							
SECTION 2							
NAME:							
U OF T STUDENT NUMBE	R:						
DEPARTMENT:							
EMAIL:							
TELEPHONE:		FAX:					
	Street Add	ress:					
MAILING ADDRESS:	Unit/Apt:						
	City:		Province:		Postal Code:		
SECTION 3							
Have you applied for OSAP/UTAPS?							
2. Have you received the result of the OSAP? UTAPS assessment?   YES   NO							
SECTION 4							
MARITAL STATUS	Single Married 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**

<b>Budget Outline:</b> Please provide the following summary for the <b>twelve-month period for which funding is</b> being requested (i.e. Sept. 1, 2015 to Aug. 31, 2016). Make notes wherever explanation is useful.						
Period from:	to					
<sup>1</sup> Include expenses for your spouse/partner, if applicable.						

<sup>&</sup>lt;sup>2</sup>If your graduate department provides a guaranteed stipend (i.e. supervisor's stipend), you should include that amount as a resource in your budget. 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.

RESOURCES		EXPENSES <sup>1</sup>			
Description	\$ Amount	Description	\$ Amount		
Awards (specify):		Fees:			
Student Stipend/		Books & Academic supplies:			
Research Assistantship <sup>2</sup>					
Teaching Assistantship		Rent/Mortgage & Utilities:			
Other Income :		Food & Household supplies:			
Income of Spouse/partner:		Transportation:			
Less Tax:		Childcare:			

Signature of applicant		Date					
complete. I understand I may be required to supply documentations, 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.							
Declaration I hereby certify that the information provided on this application is, to the best of my knowledge, true and							
SECTION 6							
<b>Additional Information</b> (If there are additional details that you wish to provide, please use the space below. Outstanding student loans may be listed below.							
Total							
Savings:		Other (Specify):					
OSAP/UTAPS:		Clothing:					
Total net income:		Medical/Dental					

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