

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 programs.

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.

Financial need can be demonstrated by completing the attached needs assessment form.

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 201, 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: _____
Department: _____	Degree: _____
Address: _____	
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 for: _____
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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 dependents Relationship: _____		

Section 5

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.	
Signature of Applicant _____	Date _____

Budget Outline

Please provide the following summary for the **academic year (September to August)** for which funding is being requested. Make notes wherever explanation is useful.

Resources:	Amount	Expenses¹:	Amount
Awards (specify)	\$	Fees	\$
Student Stipend/ Research Assistantship	\$	Books & Academic Supplies	\$
Teaching Assistantship	\$	Rent/Mortgage & Utilities	\$
Other Income	\$	Food & Household supplies	\$
Income of spouse/partner	\$	Transportation	\$
Less Tax (if payable)	\$	Child care	\$
Total Net Income	\$	Medical/Dental	\$
OSAP/UTAPS	\$	Clothing	\$
Savings	\$	Others (specify)	\$
Total	\$	Total	\$

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

Additional Information:

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