



This form must be completed if you are applying for an award that requires demonstration of financial need. Note, need based awards that are categorized as "OSOTF" (Ontario Student Opportunity Trust Fund) are restricted to individuals who meet all of the OSOTF program's criteria at the time of application (see Guide on page 3).

|                                  |                             |
|----------------------------------|-----------------------------|
| <b>Last Name:</b> Swarup         | <b>First Name:</b> Arushri  |
| <b>Student Number:</b> 998866071 | <b>Graduate Unit:</b> IBBME |

Enter your expected resource and expense amounts for the total number of months you will be registered in the academic year 2017-18 (typically the months between September and August). The "Monthly Allowable Amounts" (A) provided are based on provincially determined (OSAP) allowable claims, for which rent, utilities, food, household supplies, cell & internet, transportation costs, etc. are accounted. Supporting documentation must be provided for items with check marks as indicated on the left.

| Number of months for which you expect to be registered in the academic year 2017-18    |   |  |                               |
|--|---|--|-------------------------------|
| EXPECTED EXPENSES  |   | A  | B                             |
|  |   | Monthly Allowable Amount                   | # Months Registered (8 or 12) |
|  |   | Total (A x B = C)                          |                               |
| Rent & Living  |   |  |                               |
| Single – living at parental home   |   | \$518                                      |                               |
| Single – living away from home   |   | \$1380                                     | 12                            |
| Partnered – no dependent children (aged 16 or under)                                   |   | \$2301                                     |                               |
| Partnered – one child aged 16 or under (list add'l children below)                     |   | \$2843                                     |                               |
| Shared custody – one child aged 16 or under (list add'l children below)                |   | \$1816                                     |                               |
| Sole support parent & one child one child aged 16 or under (list add'l children below) |   | \$2087                                     |                               |
| Number of additional dependent(s) (aged 16 or under):                                  | List age(s) of dependent(s) (e.g. 1, 3, 5):   | \$542 x ____<br>(# of additional children) | \$                            |
| Child care (per child)   | Number of dependent children in child care:   | \$400 x ____<br>(# of children)            | \$                            |
| <input checked="" type="checkbox"/>  | Debt servicing (50% of required minimum monthly payments on loans & credit card debt up to a max. of \$250/month) |  | \$                            |
| <input checked="" type="checkbox"/>  | Medical & Dental Costs (not covered by OHIP, UTGSU or UHIP health plans)  |  | \$                            |
| Tuition, incidental, system access & ancillary fees (enter total only)                 |   |  | \$8480.14                     |
| Books & Academic Supplies (Enter total only)   |   |  | \$100.00                      |
| Other (specify below – do not include living expenses):                                |   |  |                               |
| <input checked="" type="checkbox"/>  | i)  |  | \$                            |
| <input checked="" type="checkbox"/>  | ii)   |  | \$                            |
| <b>Total of All Expected Expenses</b>  |   |  | <b>\$25140.14</b>             |



| EXPECTED RESOURCES (must be for the same timeframe as the Expected Expenses section)  | Total      |
|---|------------|
| Student Loan (check one):<br><input type="radio"/> OSAP <input type="radio"/> Out-of-province <input type="radio"/> U.S. loan <input checked="" type="radio"/> Other: N/A<br>(Notice of Assessment/Preliminary Assessment must be attached) | \$         |
| UTAPS (provide amount from current academic year as an estimate)  | \$         |
| Total amount of graduate funding package (e.g. tuition + \$15,000) - Include Fellowships, RAship, TAship.   | \$23500.00 |
| Awards (e.g. federal provincial, departmental awards)   | \$         |
| Other employment income (after tax deduction)   | \$         |
| Funds received from family member(s)  | \$         |
| 50% of partner's income after tax deduction (i.e. net income ÷ 2)   | \$         |
| Child support or government assistance/benefits   | \$         |
| Other support / assistance / resources  | \$         |
| Available student line of credit / bank loan  | \$20000.00 |
| Accessible savings / RESP (amount withdrawn for the year only)  | \$         |
| Other (specify below):  |            |
| i)  | \$         |
| ii)   | \$         |
| iii)  | \$         |
| <b>Total of All Expected Resources</b>  | \$43500.00 |
| <b>TOTAL NEED (All Resources – All Expenses)</b>  | \$0.00     |

#### Applicant's Declaration and Authorization

|   |   |
|---|---|
| <b>OSOTF Residency Requirement:</b> To be eligible, one of the following statements must be true. Check the statement that applies. |   |
| <input checked="" type="radio"/>  | I have always resided in Ontario or resided in Ontario for 12 consecutive months before becoming a post-secondary student.  |
| <input type="radio"/>   | My partner has resided in Ontario for at least 12 consecutive months immediately before the last day of the month in which classes began for my most recent period of full-time post-secondary studies and, during this time, my partner was not enrolled in full-time postsecondary studies. |
| <input type="radio"/>   | My parent(s), step-parent(s), legal guardian(s), or official sponsor(s) has resided in Ontario for at least 12 consecutive months immediately before the last day of the month in which classes began for my most recent period of full-time post-secondary studies.                          |
| <input type="radio"/>   | I live in Ontario now AND have lived in Canada for less than 12 months in a row.  |

I hereby certify that the foregoing information is, a true, complete and accurate statement of my financial status. I understand I may be required to supply additional documentation if this application is successful and if I am requested to do so. This application and all supporting documents will be retained in the SGS records. I authorize SGS to contact the sources of my supplementary documentation to verify the information. If any information I have provided is found to be intentionally falsified, I understand I may become permanently ineligible to apply for or receive any future SGS awards. By submitting this application, I acknowledge that I may automatically be considered for other available awards for which I may be eligible.

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| Signature of Applicant:<br><i>Arushii Swarup</i> | Date:<br><i>14-Aug-2017</i> |
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