

Ontario Student Opportunity Trust Funds (OSOTF) Financial Assessment Form

Introduction

The "OSOTF awards" refer to a class of awards that 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.

Restracomp funding for University of Toronto graduate students pursuing their research training at the Hospital for Sick Children is provided through the OSOTF program. The information provided in this form is collected by the Research Training Centre at the Hospital for Sick Children on behalf of the University of Toronto.

Eligibility

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

Financial need can be demonstrated by past OSAP history or by completing the attached financial needs assessment form.

If you have already been assessed for the Ontario Student Assistance Program (OSAP) or the University of Toronto Advance Planning for Students (UTAPS), complete sections 1, 2 and 3 only. If you have applied for OSAP, but did not receive the result of assessment, complete all sections of this form. If you have not applied for OSAP, complete all sections of this form.

Protection of Information

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.

Section 1

Name:	Student number:
Home address:	University of Toronto department:
	Email address:
	Telephone number:

Section 2

Have you applied for OSAP/UTAPS? Yes No
Have you received the OSAP/UTAPS assessment? – if yes, complete Sections 3 and 6 only Yes No

Section 3

If you know the names of the OSOTF awards you are applying or being considered for, list them below.

1) The Hospital for Sick Children Foundation Student Scholarships at the University of Toronto (Restracomp)

2)

3)

Section 4

Marital status

Number of dependent children – do not include children who have been out of high school for five years or longer

Number of other dependents

Relationship to other dependents

Section 5: Budget Outline – Please provide a summary of your financial resources and expenses for the next twelve months.

Resource	Amount	Expenses and Student Debt (including self and spouse)	Amount
Scholarships and awards (include name and amount of each on a separate line)		Fees (tuition & student fees)	
		Books & academic supplies	
		Rent/mortgage & utilities	
		Food & household supplies	
		Transportation	
		Child care	
Research Assistantship*		Medical/Dental	
Teaching Assistantship*		Clothing	
Additional Income		Outstanding student loans	
Income of Spouse/Partner		Other expenses (detail in lines below)	
Less Tax	-		
Total Net Income			
OSAP/UTAPS			
Savings (include source and amount for each type on a separate line)			
Total		Total	

*If your graduate department provides a guaranteed 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 details – please include if necessary, or if more space is needed than provided above

Section 6

I hereby certify that I am a permanent resident of Ontario and 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:

Date: