



Section 1: Personal Information

Name: Arushri Swarup

Student Number: 998866071

Program: MASc. at IBBME

Program Start Date: September 6, 2016

Expected Completion: August, 2016

Supervisor: Dr. Adrian James and Dr. Jan Andrysek

I hereby certify that the information provided on this application is, to the best of my knowledge, true and complete.

<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Signature of Applicant	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Date
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Section 3: Budget Outline

Please provide the following summary for the **twelve-month period for which funding is being requested**. Make notes wherever explanation is useful.

Period from: **06-Sep-2016** To: **31-Aug-2016**

Resources:	Amount:	Expenses ¹:	Amount
Awards (specify)		Fees	
		8491.69	
Student Stipend/	23 465.00	Books & Academic supplies	
Research Assistantship ²		500.00	
Teaching Assistantship		Rent/Mortgage & Utilities	
N/A		14 400.00	
Other income		Food & Household supplies	
N/A		2400.00	
Income of spouse/partner		Transportation	
N/A		1200.00	
Less Tax		Child care	
2478.00		N/A	
Total net income		Medical/Dental	
20 987.00		Included in tuition.	
OSAP		Others (specify)	
N/A		N/A	
Total: 20 987.00		Total: 26 991.69	

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

² If you have received guaranteed stipend (i.e. supervisor's stipend), you should include this 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.