

GRADUATE ONTARIO STUDENT OPPORTUNITY TRUST FUNDS (OSOTF) AWARD FINANCIAL NEEDS ASSESSMENT FORM Faculty of Medicine

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.

ELIGIBILITY:

What are the OSOTF eligibility requirements?

These awards are restricted to individuals who meet all of the following criteria at the time of application:

- 1. Canadian citizen, Permanent Resident of Canada or Protected Person;
- 2. Resident of Ontario*; and
- 3. Demonstrates financial need**.

*What are the requirements to be considered a resident of Ontario?

- you need to have always lived in Ontario or
- Ontario is the last province you lived in for 12 months in a row without being a full-time postsecondary student
- you live in Ontario now AND have lived in Canada for less than 12 months in a row

If you are married/common-law, you can be considered an Ontario resident if:

- your spouse has always lived in Ontario or
- your spouse has lived in Ontario for the last 12 months in a row without being a full-time postsecondary student or
- All of these statements are true:
 - o you now reside in Ontario
 - o you've lived in Canada for less than 12 months in a row
 - o your spouse has lived in Canada for less than 12 months in a row

If you qualify as a dependent student, you're considered an Ontario resident if:

- Ontario is the last province in which your parent(s) have lived in for at least 12 months in a row or
- **All** of these statements are true:
 - o you now reside in Ontario
 - o you've lived in Canada for less than 12 months in a row
 - o your parent(s) have lived in Canada for less than 12 months in a row

The above requirements are the guidelines established by OSAP to determine Ontario residency for OSAP purposes.

**How is financial need demonstrated?

The OSOTF Financial Need Assessment Form (below) serves to confirm the residency requirement (student must attest to this) and demonstrate financial need by calculating the student's expected resources and expenses for the academic year (typically the study period months between September and August).

Financial need is normally demonstrated when a negative balance appears in the "TOTAL NEED" field on page 2 of the form (e.g., "Total Expected Expenses" is higher than "Total Expected Resources"). Showing a positive balance in the "TOTAL NEED" field is <u>not</u> typically considered a demonstration of financial need, unless extenuating circumstances are also reported (additional page for explanation may be submitted).

Note:

- This Financial Need Assessment Form must be completed with an OSOTF Application.
- For additional information on completing the Financial Need Assessment, refer to the Faculty of Medicine Expenses and Resources Guide for OSOTF Financial Need Assessment Form.

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Ontario Student Opportunity Trust Funds (OSOTF) Financial Need Assessment Form

Section 1				
Name:	,	Address:		
Student Number:				
Department:				
Email address:		Telephone number:		
Section 2				
Have you applied for C)SAP/UTAPS?			
Have you received the result of the OSAP/UTAPS assessment?				
Section 3				
Name of the OSOTF at	ward(s) that you are applying or being or	onsidered:		
Section 4				
Marital Status	☐ Single ☐ Married	☐ Other		
Children	Children Do not include children who have been out of high school for at least 5 years.			
	Number of dependent children			
	Number of other dependants			
Other dependents	Relationship:			
Section 5				
Declaration 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 **twelve-month period for which funding is being requested** (e.g., September 1, 2019 to August 31, 2020). Make notes wherever explanation is useful.

Period from: to

Expected Resources:	Amount	Expected Expenses ¹ :	Amount	
Awards (specify)		Fees		
Student Stipend/		Books & Academic supplies		
Research Assistantship ²				
Teaching Assistantship		Rent/Mortgage & Utilities		
Other income		Food & Household supplies		
Income of spouse/partner		Transportation		
Less Tax		Child care		
Total net income		Medical/Dental		
OSAP/UTAPS		Clothing		
Savings		Others (specify)		
Total Resources:		Total Expenses		
TOTAL NEED (Expected Resources – Expected Expenses):				

Additional Information:

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

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

²If your graduate department provides a guaranteed stipend (i.e. supervisor's 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.