

**INTERNATIONAL STUDENTS  
Graduate Student Financial Need Assessment Form  
Fall/Winter**

Return the completed form to Benny Quay, International Student Advisor  
In the Centre for International Programs

NAME:	STUDENT ID #: _____
S.I.N.:	LOCAL PHONE #:
PROGRAM: SEM	DEPT:
EMAIL ADDRESS:	@uoguelph.ca
MARITAL STATUS: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Sole Support Parent <input type="checkbox"/>	
If have indicated that you are married, is your partner a student <input type="checkbox"/> at Guelph? (provide Student ID# _____) <input type="checkbox"/> another institution? <input type="checkbox"/> other	
If <u>YOU</u> have children: How many children in each age group will be living with you full-time? ____ 0-11 yrs ____ ≥12 yrs	

**\*\*\*REQUIRED DOCUMENTATION: A PHOTOCOPY OF YOUR PERSONAL BANK STATEMENT, SHOWING A RUNNING BALANCE FOR THE PAST THREE MONTHS.\*\*\***  
(YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THIS)

What is your current citizenship status? \_\_\_\_\_

Please outline your original financial plan upon entering the University of Guelph and describe how you intended to finance your education costs through to graduation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain what has changed with your situation to create your current financial difficulties?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a sponsored student? \_\_\_\_\_  
If Yes, who is your sponsor? \_\_\_\_\_

Who is your advisor/supervisor? \_\_\_\_\_  
Provide your advisor/supervisor's e-mail address: \_\_\_\_\_ and extension \_\_\_\_\_

(Please note the GPS and/or SFS will contact your department to confirm funding and/or for additional information.)

Have you applied for permanent resident status? \_\_\_\_\_  
If yes, please be advised that the application and right-of landing fees will not be considered part of your eligible expenses. While applying for permanent resident status is your right, the University expects a student to use their income/resources for academic and living purposes.

Have you received an International Bursary or Work Study Financing before?  Yes  No

**Please Complete the 8 month budget below:**

**A INCOME/RESOURCES** (If only registered for ONE semester in the academic year, amend this budget to 4 months)

**\*\* Married students' budgets should reflect income and expenses for the family. \*\***

Bank balance at beginning of school period <b>before</b> paying tuition/ expenses .....	\$	_____
Parents/Spouses contribution towards tuition, fees and living expenses etc.....	\$	_____
Academic Awards/Bursaries/Scholarships .....	\$	_____
Part-time earnings during study period (include work-study) .....	\$	_____ x 8 months .....
Sponsorship Funding: ... ..	\$	_____
Student bank loan/Personal Line of Credit (available balance only).....	\$	_____
Investments, e.g. GICs, mutual funds, bonds, RSP's, etc. (specify) .....	\$	_____
Partner's monthly income after deductions (if applicable).....	\$	_____ x 8 months .....
<b>TOTAL.</b> .....	<b>\$</b>	<b>_____</b>

**B EXPENSES** (If only registered for ONE semester in the academic year, amend this budget to 4 months)

Tuition and incidental fees.....	\$	_____ x 2 semesters.....	\$	_____
Books and supplies .....	\$	_____ x 2 semesters.....	\$	_____
Rent / Residence (circle the one that applies).....	\$	_____ x 8 months / 2 semesters.....	\$	_____
Utilities .....	\$	_____ x 8 months .....	\$	_____
Phone .....	\$	_____ x 8 months .....	\$	_____
Food / Meal plan .....	\$	_____ x 8 months / 2 semesters.....	\$	_____
Laundry .....	\$	_____ x 8 months .....	\$	_____
Entertainment / Personal costs ... ..	\$	_____ x 8 months .....	\$	_____
Clothing .....	\$	_____	\$	_____
<b>Medical/Dental - (attach original receipts, including dispensing fees) .</b> .....	<b>\$</b>	<b>_____</b>	<b>\$</b>	<b>_____</b>
Child care cost for married or sole support parent (must attach receipts)...	\$	_____	\$	_____
Other (specify) _____	\$	_____	\$	_____
<b>TOTAL</b> .....	<b>\$</b>	<b>_____</b>	<b>\$</b>	<b>_____</b>

**C NEED**

Subtract total expenses from total income/resources .....

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\$ \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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*(attach a separate sheet if necessary)*

I certify that the information contained in this application is complete and true. I agree to provide Student Financial Services with any documentation necessary to verify the above noted information. I understand that failure to provide such documentation may affect current or future eligibility for the bursary program. I further understand that should my eligibility for the bursary program be terminated, I may be required to refund any monies I have received from the University under the bursary program.

Signature

Date