

## International Graduate Student Financial Need Assessment Form

International graduate students should use this form to be considered for a bursary, scholarship with a financial need component, and/or a Work Study position.

Drop the completed form with required attachments in the RED BOX by Student Financial Services, 3<sup>rd</sup> floor of the University Centre OR scan and email from your U of G email account to awards@uoguelph.ca OR fax to (519) 823-9421.

- Must have completed ONE year of studies to apply.
- Apply for a bursary ONCE during an entire academic year (fall/winter/summer).
- Apply for Work Study for fall, winter, and/or summer.
- Graduate students must be registered full-time to apply for a bursary, scholarships with a financial need and/or Work Study.
- You will be notified of your eligibility by email to your @uoguelph.ca email address.

Name:	Student ID #:_	Student ID #:					
Degree: Program:	Department:_	_ Department:					
U of G email address:	Local phone #	Local phone #:					
Is this your final semester? ☐Yes ☐ No							
Marital status: ☐ Single ☐ Married ☐ Sole Support Parent							
If you have indicated that you are married, is your partner:							
□ A student at the University of Guelph? (Student ID #:) □ A full-time student at another institution? □ Other (e.g. employed):  If YOU have children, how many children in each age group will be living with you full time?0-11 yrs>12 yrs							
Committee Use Only:	vards Office Only:						
Decision/Comments/Signature:	Bursary: Approve Deny	Work Study: Approve Deny					
	Amount:	Approved Fall:					
	AIDE:	Approved Winter:					
	On SAR:	Approved Summer:					
	Cheque:	AIDE:					
Notification:	Notified:	Notified:					

I am applying for (can select multiple):	<b>Deadline date to apply:</b> (NOTE if the deadline falls on a wee or holiday, the form will be accepted the next business day.)			
■ Bursary	November 1 for a fall bursary, March 1 for a winter bursary, and July 2 for a summer bursary (unless there is an emergency, in which case a meeting with the International Student Advisor is required)			
☐ Scholarships with a financial need component	January 10 List the awards applying to (attach a separate sheet if needed):  1 2 3 4			
Work Study – select the semester(s): ☐Fall ☐Winter ☐Summer	Third Monday in January for a fall or winter position and third Friday in June for a summer position			
☐ Travel grants with a financial need component	See Travel Grant Application for deadline date			
·	ing the University of Guelph and describe how you intended to finance ttach a separate page if necessary.			
Explain what has changed with your situation necessary.	to create your current financial difficulties. Attach a separate page if			
4. Are you a sponsored student?	o			
<ul><li>5. Have you received a bursary, scholarship with</li><li>☐ Yes</li><li>☐ No</li></ul>	n a financial need component, or Work Study financing before?			
6. Have you applied for permanent resident state	us?			
income/resources. While applying for periuse their income/resources for academic	e application and right-of-landing fees will be considered part of your manent resident status is your right, the University expects a student to and living purposes.			
Advisor's email address:				
. 14 11001 0 0111411 4441 0001				

**GTA/GRA/GSA Information:** To be completed by the **Chair (or designate)** of your Department. **Applications will be returned to the student if this is not completed in full.** Must be completed even if reporting '\$0.00' (no funding).

	Year	illulcate GTA/GI	RA/GSA (Specify)	1	Amount Committe	ed to this Student*
Fall						
Winter						
Summer						
			roll data. Discrepand may be required to			-
<b></b>						
Signature			Print full name		Date	
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B. Expenses				
Tuition and incidental fees	5	\$	x 3 semesters	\$
Books and supplies		\$	x 3 semesters	\$
Rent/Residence		\$	x 12 months/ 3 semesters	\$
Utilities		\$	x 12 months	\$
Phone		\$	x 12 months	\$
Food/Meal plan		\$	x 12 months/ 3 semesters	\$
Laundry		\$	x 12 months	\$
Entertainment/Personal c	osts	\$	x 12 months	\$
Clothing		\$	x 12 months	\$
Medical/Dental – (attach o	original receipts, including dis	spensing fe	ees)	\$
Child care cost for married	d or sole support parent (mu	st attach re	ceipts)	\$
Other (specify)				\$
			Total Expenses	\$ \$
Subtract total expenses fr	om total income/resources		Total Need	\$
-	vide the donor of the award v		nere at least one of the criteria has a fi ame and program information? This d	
If you have any additional	comments, please attach a	separate s	heet.	
Services with any document provide such document further understand that	mentation necessary to ver ation may affect current or should my eligibility for th	rify the abo future eliq e bursary	complete and true. I agree to provide ove-noted information. I understand gibility for the bursary and Work St or Work Study programs be termina versity under the bursary or Work S	d that failure to udy programs. I ated, I may be
X				
Signature			Date	)

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