

NAME: _____

STUDENT ID: _____

FINANCIAL BUDGET

INSTRUCTIONS:

1. Enter your financial resources for the study term you are enrolled in.
2. Enter your expenses for the study term you are enrolled in.
3. Subtract your total resources from your total expenses to find your unmet need.

Base your resources and expenses on the study period you're enrolled in:

- Fall (4 months) Winter (4 months) Fall/Winter (8 months)

Financial Resources	Amount	Office Use
Net Income from employment (including work study)		
Spouse's net income		
OSAP or other government student aid		
Government Income Canada Pension Plan		
Aboriginal Post-Secondary Student Support Program		
Parental Contribution		
RESP Income		
Institutional Scholarships/Bursaries		
Resident Advisor Income		
Investments		
Other Income (specify)		
Total Resources:		

Expenses	Amount	Office Use
Tuition and Compulsory Fees		
Books/Supplies		
Residence		
Rent**		
Phone		
Internet		
Utilities**		
Food/Meal Plan		
Personal Care		
Local Transportation		
Vehicle Insurance**		
Travel to Permanent Address		
Entertainment		
Clothing		
Child Care**		
Laundry		
Medical**		
Other Educational Expense (specify)**		
Other Educational Expense (specify)**		
Total Expenses:		

IMPORANT NOTES:

1. ** indicates that recent receipts are required, and must be included with your application, and submitted by the deadline date. Receipts must have your name on each one.
2. Insurance costs for a vehicle will only be considered where there is no access to public transit, or public transit is required as a part of your program or as a part of your child care obligations. A letter of explanation and receipt of expenses is required.

Please identify one of the following needs that concern you the most: Food Tuition Books Other

Declaration

I understand that incomplete or late applications will not be considered. Any bursary funds granted will first be applied to any outstanding fees I have with the university. Funds received will be reported to OSAP by the Financial Aid Office. I confirm that I have submitted complete and true information on this application, and I understand that failure to do so may prevent me from financial assistance now or in the future. I also realize that any information declared will be verified and may be subject to audit.

Signature: _____

Date: _____

OFFICE USE ONLY:

FAO UNMET NEED: _____ BURSARY AWARD: _____
 OSAP UNMET: _____
 FAA: _____ Date: _____

NOTES:

UPDATES:

____ BRS
 ____ EXCEL
 ____ ADP