

This is required for application to all Scholarships, Awards, and Named Bursaries that are matching fund awards\*. This form must be completed if the scholarship, award, or bursary indicates you must demonstrate financial need.

\*Michener established various endowed Awards through generous donor contributions that were matched by the provincial government's Ontario Trust for Student Support (OTSS). The income generated from these endowments is used to support Awards for Michener students who are Canadian citizens (or permanent residents or protected persons), who are residents of Ontario (student has lived in Ontario for at least 12 consecutive months up to the beginning of full-time post-secondary study).

Submit this signed form with all supporting documents to the Registrar's Office by September 27 each year. Students enrolled in MRS programs are not eligible for Michener bursaries. Please contact the Department of Radiation Oncology at U of T for more information.

**Note:** Additional documentation (e.g. receipts) may be requested and required. Please allow 2-4 weeks for review.

Personal Information			
Last Name	First Name	Middle Name or Initial	Student ID
Marital Status		Married/Common Law [ ]	
Single [ ]			
Number of Dependents (excluding spouse)		Age Range of Dependents	
Citizenship Status			
Canadian Citizen [ ]		Permanent Resident [ ]	
		Protected Person [ ]	
Contact Information			
Street Address		City	Province
Postal Code	Telephone	Email Address	
Program Particulars			
CURRENT YEAR:			
Year 1 [ ]		Year 2 [ ]	
		Year 3 [ ]	
PROGRAM CURRENTLY ENROLLED IN:			
Diagnostic Cytology [ ]		Genetics Technology [ ]	
Respiratory Therapy [ ]		Ultrasound [ ]	
Radiation Therapy [ ]		Cardiovascular Perfusion [ ]	
Radiological Technology [ ]		Medical Laboratory Science [ ]	
		Nuclear Medicine [ ]	
		Chiroprody [ ]	

## Authorization and Declaration

Complete all sections of each page of this application and attach supporting documents and submit in a sealed envelope to the Registrar's Office.

I certify that the information contained herein and in the supporting documents is true, correct and complete. I understand that any incomplete disclosure, misrepresentation or falsified information on the application and supporting documents may result in the cancellation of/disqualification from a Scholarship, Award, or Bursary. The information on this form is collected under the authority of the Michener Institute of Education at UHN and will be protected and used in compliance with the Ontario Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F.31. I authorize the release of my personal information to The Michener Institute of Education at UHN's Registrar's Office and Finance administration for the purposes of determining my eligibility for a Scholarship, Award, or Bursary. I also understand that my contact information may be released to private donors who wish to receive limited information about the recipient(s). **Note:** Incomplete applications will not be considered.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## Financial Resources and Expenses

Provide a summary of monthly income and expenses. Please:

1. Include evidence of expenses (additional evidence may be requested and required);
2. Calculate your expenses by month prorating semester expenses (e.g. one semester of tuition would be divided by 4);
3. Prorate any assets by the duration of the semester (e.g. savings of \$2,000.00 would be divided by 4); and
4. Attach any additional supporting documentation outlining your situation or extraordinary expenses.

Monthly Expenses	Amount	Office Use Only
Tuition, Books, Supplies	\$	
Residence (Mortgage/Rent)	\$	
Utilities (include Telephone/Internet)	\$	
Transportation	\$	
Food/Personal Care	\$	
Child Care	\$	
Debts (Payable Monthly)	\$	
Other: _____	\$	
Other: _____		
<b>Monthly Total Expenses:</b>	<b>\$</b>	

Monthly Income	Amount	Office Use Only
Bank Balance	\$	
Education Savings Plan	\$	
Net Employment Income	\$	
Spouse's Net Employment Income	\$	
OSAP	\$	
Child Tax Credit/HST Rebate/ Orphan's Benefits	\$	
Support Payments (Parental/Spousal)	\$	
Other: _____	\$	
Other: _____		
<b>Monthly Total Income:</b>	<b>\$</b>	

## Other Financial Assistance

Please list all other financial assistance (Loans, Grants, Scholarships) you have applied for or received during the study period:

Type of Financial Assistance	Date Applied	Received/Expected to Receive
		\$
		\$
		\$

## Additional Information

Please include any additional information (include attachments if required): \_\_\_\_\_

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