

Date Received

General Bursary Application

Registrar's Office
222 St. Patrick Street Toronto, ON M5T 1V4
regoffice@michener.ca | (416) 596-3117

The Michener Institute of Education at UHN awards general bursaries each semester (pending availability of funds). General bursaries are awarded based on the assessment of demonstrated financial need (considering student and parent/partner income, number of dependents in the family, assets, including savings and immediate living and educational expenses). Applications will be considered for General Bursaries as outlined on the Institute's website at www.michener.ca.

Bursary Eligibility Requirements

Student must:

- Be currently enrolled in a full-time program* in good academic standing;
- Be a Canadian citizen or permanent resident of Canada; and
- Have accumulated government student financial debt and have exhausted all other student financial aid opportunities.

**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.

Personal Information			
Last Name	First Name	Middle Name or Initial	Student ID
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married/Common Law			
Number of Dependents (excluding spouse)		Age Range of Dependents	
Citizenship Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Protected Person			
Contact Information			
Street Address		City	Province
Postal Code	Telephone	Email Address	
Current Full-Time Program			
<input type="checkbox"/> Cardiovascular Perfusion		<input type="checkbox"/> Chiroprody	
<input type="checkbox"/> Digital Health and Data Analytics		<input type="checkbox"/> Genetics Technology	
<input type="checkbox"/> Respiratory Therapy		<input type="checkbox"/> Diagnostic Cytology	
		<input type="checkbox"/> Medical Laboratory Science	
		Ultrasound	

Authorization and Declaration

Complete all sections of both pages of this application.

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 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 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.

1. Include evidence of any expenses not listed. If you do not specify the nature of "Other" expenses, they will not be included.
2. Be honest regarding your expenses and income. You will be contacted to provide evidence if your expense amounts are over and above what could be considered reasonable;
3. Attach any additional supporting documentation outlining your situation or extraordinary expenses.
4. It is strongly encouraged to provide additional information about your financial situation below so that our Bursary reviewers can consider information not captured by the expense/income formula.
5. Note: Tuition and OSAP will be automatically accounted for by our Bursary reviewers based on personal amounts according to program and OSAP allotments. Do not include these amounts.

Monthly Expenses	Amount	Office Use Only
Residence (Mortgage/Rent)	\$	
Utilities (include Telephone/Internet)	\$	
Transportation	\$	
Food/Personal Care	\$	
Child Care	\$	
Other (Please Specify): _____	\$	
Other: _____	\$	
Other: _____	\$	
Monthly Total Expenses:	\$	

Monthly Income	Amount	Office Use Only
Bank Balance (excluding OSAP funds) *	\$	
Education Savings Plan	\$	
Net Employment Income	\$	
Spouse's Net Employment Income	\$	
Support Payments (Parental/Spousal)	\$	
Other (Please Specify): _____	\$	
Other: _____	\$	
Other: _____	\$	
Monthly Total Income:	\$	

** Please include total bank balance excluding OSAP funds. Do not divided to show a monthly balance.*

Additional Information

Please provide any additional information about your financial situation that is not captured in the information above: _____

For Office Use Only:

FAO/FAA Signature

Date

FAO/FAA Signature

Date