

Budget Form

Student Name _____
 (Please Print)

Please detail your EXPENSES:

Indicate #of months in academic year:

ITEMS	Monthly Average	Total <small>(monthly average x #months)</small>
Tuition Fees	\$	\$
Books/Equipment	\$	\$
Residence/Rent	\$	\$
Utilities (Hydro, Gas, etc.)	\$	\$
Food	\$	\$
Clothing	\$	\$
Transportation	\$	\$
Child Care	\$	\$
Uninsured Medical/Dental	\$	\$
Phone (include cell phone, home phone, pager, etc.)	\$	\$
Toiletries/Personal	\$	\$
Laundry	\$	\$
Recreation/Entertainment	\$	\$
Cable TV/Satellite	\$	\$
Credit Card/Personal Debt	\$	\$
Other: please detail	\$	\$
1.	\$	\$
2.	\$	\$
3.	\$	\$
TOTAL NEED	\$	\$
	/month	\$

Please outline ALL financial RESOURCES:

SOURCE	Monthly Average	Total
OSAP	\$	\$
Other Loans (Bank, personal, etc.)	\$	\$
Scholarships/Grants	\$	\$
Name of award _____		
Bursaries	\$	\$
Part Time Employment income	\$	\$
Summer Savings **please provide details below	\$	\$
Parental Support	\$	\$
Spousal Income	\$	\$
Other (please detail)	\$	\$
TOTAL RESOURCES	\$	\$
	/month	\$

Government Income:

SOURCE	Monthly Average	Total
Are you receiving income or benefits from any government program that covers all or a portion of your tuition, books, and/or child-care costs?	Y	N
If "Yes", please indicate the name of your agency or source, and the amount	\$	\$
Personal Savings	\$	\$
Where are you living during the Study Period?	\$	\$
TOTAL RESOURCES	\$	\$
	/month	\$

APPLICANT'S CONSENT TO RELEASE FINANCIAL INFORMATION

The Confidential information on the previous page will assist The Michener Institute Award Selection Committee in determining the applicant's financial need.

I hereby authorize the Financial Aid Officer of The Michener Institute for Applied Health Sciences to have access to my OSAP information for the purpose of award selection.

Student Number _____

Social Insurance Number _____
(Required for OSAP)

Student's signature (Sign in ink)

Date

APPLICANT'S DECLARATION

I have given complete and true information on this form. I understand that failure to do so may prevent my getting an award in the current study period.

Student's signature (Sign in ink)

Date

The information given on this application is strictly confidential and will only be reviewed by the voting members and advisors of the Scholarship Awards and Bursary Committee.

Please note that ALL applications are kept on file for the current academic year. Should changes in your financial circumstances occur that you feel will affect your application, please contact the Financial Aid Officer.

OFFICE USE ONLY

Approve Refuse

Total Amount

Scholarship

Bursary

Award

Financial Aid Officer _____ Date _____

Secretary of the Award Selection Committee _____ Date _____

Director of Student Enrolment & Registrar _____ Date _____