

Cassels-Shaw Graduate Fellowship – Financial Need Assessment Form

Name:

V#:

Academic Department:

Educational Expenses – FOR ONE TERM	
Tuition:	\$
Books:	\$
Supplies:	\$
Total Educational Expenses:	\$
Monthly Living Expenses	
Rent/Mortgage:	\$
Food & Supplies (laundry, deodorant etc.)	\$
Utilities:	\$
Transportation:	\$
Entertainment:	\$
Medical/Dental/Optical:	\$
Child Care:	\$
Other:	\$
Total Monthly Living Expenses:	\$
Educational Resources	
Savings:	\$
Awards (Scholarship & Bursaries):	\$

full or part time work:	\$
Social Assistance:	\$
Workers Compensation:	\$
Sponsorships:	\$
Orphan's Benefits/ CPP:	\$
Parental Contribution:	\$
Spouses Income:	\$
Child Care Subsidy:	\$
Other:	\$
Total Monthly Income:	\$

Read the information below, check the box and sign to indicate consent to share this information.

I acknowledge and authorize the disclosure of the above financial information to the Faculty of Graduate Studies enw encCets duaec8a1 ()-1 (e)c8a1 ()-m