Undergraduate Medical Education
UNIVERSITY OF TORONTO

GRANT INFORMATION FORM

****TO BE ELIGIBLE FOR FURTHER FUNDING, COMPLETE AND RETURN THIS FORM ALONG WITH SUPPORTING DOCUMENTATION****

The information collected on this form is used for aggregate statistical purposes only. The form must be completed and returned with supporting documentation as requested. Students who do not return completed forms will not be considered for additional faculty aid. Information collected is used to compile statistics and is not used in the assessment of financial aid or provision of grant funding.

Name: ______________________________ Student Number: ______________

E-mail Address: ______________________________

Program Year: 1 ☐ 2 ☐ 3 ☐ 4 ☐

Academy: FitzGerald ☐ Mississauga Academy of Medicine (MAM) ☐ Peters-Boyd ☐ Wightman-Berris ☐

Level of education prior to MD Program: Bachelor's ☐ Masters ☐ PHD ☐

During the school year do you live with your parents? …………Yes ☐ No ☐
- If yes, monthly accommodation costs? ……………….. $______________

If you do not live with your parents, do you live in shared accommodation? …….. Yes ☐ No ☐
- Monthly accommodation costs? ……………………….. $______________
- Is this payment (please check one): …………………... ☐ Rental Payment ☐Mortgage Payment

Do you receive financial support from your family/parents? ….. Yes ☐ No ☐
- If yes, amount of monthly support received? $______________

Marital Status: Single ☐ Married/Common-law ☐

Do you own/lease a car? Yes ☐ No ☐ Monthly Car or Lease Payment Amount: …...$______________
- Additional vehicle operational costs (gas, insurance, etc): …………………….....$______________
- Estimated percentage use of vehicle for educational purposes: ……………….......______________%

If you do not own/lease a car, what are your monthly transportation costs? ………………...$______________

Are you a member of the OMA? …. Yes ☐ No ☐ ………… Are you a member of the CMA? …. Yes ☐ No ☐

Canada/Provincial Student Loan **(print from OSAP/Prov./Can. loan site)** - Total Amount Owing: $______________

Bank Loan/Line of Credit (**print from online banking**) – Total Amount Owing: ……………………… $______________

Family/Parental Loans – Total Amount Owing: ……………………………………………………… $______________

Credit Cards – Total Amount Owing: ……………………… $______________

DECLARATION

I certify that the information provided on this form is true and complete to the best of my knowledge. Some grants are funded by private donors who wish to receive limited information about recipients. This could be general, biographical and/or academic in nature. Please check below if you do not wish to have information about you released.

I do not wish to share my information with donors. ☐

SIGNATURE: ______________________________ DATE (MM/DD/YYYY): ______________

RETURN COMPLETED FORM AND SUPPORTING DOCUMENTATION TO: medicine.financeawards@utoronto.ca

RETURN FORM BY: Friday January 6, 2017

The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of preparing statistical reports to assist the faculty with assessing the financial aid process and to provide aggregate information regarding recipients of financial aid. The aggregate information will be reviewed by members of the Undergraduate Student Financial Services Committee. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to www.utoronto.ca/privacy or contact the University Freedom of Information and Protection of Privacy Office at 416-946-7303, McMurrich Building, Room 201, 12 Queen's Park Crescent West, Toronto, ON, M5S 1A8.