

Faculty of Medicine – University of Toronto

**DOCTOR OF MEDICINE PROGRAM
MD ADMISSIONS BURSARIES**

GOALS AND OBJECTIVES

The bursary program has been developed to ensure that students identified as having the highest level of financial need have access to resources necessary to complete their studies in the Doctor of Medicine Program.

Submission of an application for this bursary program has no influence whatsoever on your application for entry to the MD program at the University of Toronto. The review and assessment of bursary applications is a separate and distinct process.

BURSARY VALUE

A minimum of ten applicants will be provided with grant funding in amounts of up to \$20,000 during the first year of study in the MD program and additional funding will be granted during each of the second, third and fourth year of study subject to an annual renewal application and approval from the Financial Aid Committee. Grants will be paid during the fall term prior to the deadline for payment of fees. Funds will be applied against any outstanding tuition and fees. No payment will be made until all admission conditions and registration conditions have been fulfilled. Awarding of the bursary will be conditional on providing the Office of Student Financial Services with copies of all requested documentation.

NOTIFICATION

Successful candidates will receive notification along with their offer of admission to the MD program.

APPLICATION DEADLINE

Applications are accepted on a rolling basis with deadlines dependent on the timing of your admissions interview.

Interview Date

February 26
March 25/26
April 8/9

Application Deadline

Monday, March 13, 2017
Monday, April 10, 2017
Monday, April 24, 2017

Return your completed application and supporting documentation to:

medicine.financeawards@utoronto.ca

SUPPORTING DOCUMENTATION

Supporting documentation is required for all items listed in PART 2 of the application. Supporting documentation submitted should be dated and should confirm the amounts listed in the Student/Spousal Assets section and for all debt items listed under the Student/Spousal Indebtedness.

Please note that copies of your 2016 Canada Revenue Agency Notice of Assessment may be requested. If we require these documents, we will contact you.

PARENTAL INCOME AND ASSET FORM

Copies of your parent's Canada Revenue Agency Notification of Assessment may be requested. Please be prepared to submit copies of the Notice of Assessment for all years requested on the form. We will contact the applicant if we require this information.

If the annual parental household income is below \$10,000, please attach a letter and supporting documentation outlining how the family's daily living costs are being met.

Documentation supporting the value of all assets shown may be required. If you hold financial interests (shares) in private businesses/corporations, a copy of an audited financial statement may be required.

PARENTAL REAL ESTATE HOLDINGS

Copies of the most recent property tax assessment are required. Please include copies when returning the application materials.

SPOUSAL INCOME AND ASSET FORM

Copies of your spouse's Canada Revenue Agency Notification of Assessment may be requested. Please be prepared to submit copies of the Notice of Assessment for all years requested on the application form. We will contact the applicant if we require this information.

Documentation supporting the value of all assets shown may be required. If you hold financial interests (shares) in private businesses/corporations, a copy of an audited financial statement may be required.

QUESTIONS?

If you have any questions, please contact:

Bill Gregg
Associate Registrar, Student Financial Services
416-946-0739 medicine.financeawards@utoronto.ca

DOCTOR OF MEDICINE PROGRAM BURSARY APPLICATION

PART 1: PERSONAL INFORMATION

Last Name:	
First Name:	Email address:
OMSAS Number:	Home Province:
Citizenship: <input type="checkbox"/> Canadian / PR <input type="checkbox"/> International / Visa	Do you have any children: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list names and dates of birth:
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married / Common-Law If married/common-law, will spouse be a student during 2017/2018 academic year? <input type="checkbox"/> YES <input type="checkbox"/> NO	
During the 2017-18 school year, where will you live? <input type="checkbox"/> With parents <input type="checkbox"/> Rented Apartment <input type="checkbox"/> In a home I own If you do not live with your parents, will you live in a shared accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you pay child support? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes list monthly payment amount \$

PART 2: STUDENT/SPOUSAL ASSETS/INDEBTEDNESS (documentation required – see note below)

ASSETS	Value	EDUCATIONAL LOANS	
Cash, savings and checking accounts:	\$	Have or will you submit an application for Provincial Government Loan support for the 2017-18 academic year?	
Home (market value as shown on latest Property Tax Assessment):	\$	Student: <input type="checkbox"/> YES <input type="checkbox"/> NO	Spouse: <input type="checkbox"/> YES <input type="checkbox"/> NO
Amount owing on mortgage:	\$	If yes, Amount Awarded: Student: \$ Spouse: \$	
Other real estate (market value as shown on latest Property Tax Assessment):	\$	From which province do you receive assistance? Student: Spouse:	
Stocks, bonds, RESPs, other financial holdings:	\$	Federal/Provincial Loans: (Amount Currently Owing)	\$
Trust Funds:	\$	Line of Credit or Bank Loan Debt: (Amount Currently Owing)	\$
RRSP Savings:	\$	Other Loans (specify): (Amount Currently Owing)	\$
VEHICLE:		Spouse's Education Debt (all types): (Amount Currently Owing)	\$
Do you or your spouse own/lease a vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO		NON-EDUCATIONAL DEBT	
YEAR:		Credit Card Debt:	\$
MAKE:		Auto Loan Debt:	\$
MODEL:		Other (specify):	\$

Yes, I have attached supporting documentation for all items listed in PART 2 of the application.

Supporting documentation submitted should be dated and should confirm the amounts listed in the Student/Spousal Assets section and for all debt items listed under the Student/Spousal Indebtedness. Please note that copies of your Canada Revenue Agency Notice of Assessment may be requested. If we require these documents, we will contact you.

PART 3: STUDENT/SPOUSAL EMPLOYMENT INFORMATION

Employment * If you haven't earned summer income, please outline the reasons in Part 6.

Summer 2017	Student	Spouse	Academic Year 2017-18 (9 months)	Student	Spouse
Employer:			Employer:		
Type of Work:			Type of Work:		
Number of Weeks Employed:			Number of Weeks Employed:		
Weekly Earnings:	\$	\$	Weekly Earnings:	\$	\$

Student Educational History

How many post-secondary institutions have you attended?

Institution 1 Name:	Dates Attended:	Credential Awarded:
Institution 2 Name:	Dates Attended:	Credential Awarded:
Institution 3 Name:	Dates Attended:	Credential Awarded:
Institution 4 Name:	Dates Attended:	Credential Awarded:

Student's and Spouse's Other Resources

Financial assistance from parents (2016/2017):	\$	Type of assistance:	<input type="checkbox"/> Loan	<input type="checkbox"/> Gift	
Financial assistance from parents (2017/2018):	\$	Type of assistance:	<input type="checkbox"/> Loan	<input type="checkbox"/> Gift	
Other financial assistance (2017/2018):	\$	Type of assistance:	<input type="checkbox"/> Loan	<input type="checkbox"/> Gift	Source of Funds:

PART 4: ADDITIONAL INFORMATION

Travel Home – Destination City:	Province/State:	Country:	
What is the cost of one return trip, by the most economical means available, from Toronto to your family?			\$

PART 5: COMPLETE APPENDIX 1 & APPENDIX 2

The attached "Parental Income Information" and "Spousal Income Information" (if applicable) forms must be completed and returned for all applicants, regardless of the number of years the student has been out of high school.

- Yes, I have completed and attached **Appendix 1 // Parental Income Information** and related documentation.
- Yes, I have completed and attached **Appendix 2 // Spouse Income Information** and related documentation.

PART 6: STUDENT'S SPECIAL CIRCUMSTANCES

Please use this section to provide information regarding your current financial situation and to outline any unusual or additional expenses you incur.

PART 7: DECLARATION

By signing below, I confirm that all of the information provided in this application is true and complete. I understand that I am responsible for providing all required supporting documentation as indicated on the application or as directed by the Student Financial Services Office. I understand that I am responsible for promptly notifying the Student Financial Services Office in writing if my academic, financial, family or study-period status changes, or if any information that I have provided changes.

I understand that if I fail to provide complete and true information, fail to promptly notify the Student Financial Services Office of changes to my information or status, the Faculty of Medicine may restrict me from receiving further financial assistance in the future.

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.

I understand that the Student Financial Services Office will use address information housed in the ROSI system for contact purposes and that it is my responsibility to ensure information housed in the ROSI system is complete and accurate.

I have read and understood this Declaration and Consent, and my signature attests to my consent to the collection and disclosure of my personal information and that my declaration is true.

Signature of Student:	Date:
Signature of Spouse/Partner (if applicable):	Date:

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 administering the assessment of financial need and the assignment of bursary funding and will also be used in preparing statistical reports. The information will be reviewed by members of the Undergraduate Bursary 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.

RETURN COMPLETED FORM TO:

**ATTN: Bill Gregg, Associate Registrar, Student Financial Services
Enrolment Services – Undergraduate Medical Education
Faculty of Medicine, University of Toronto
1 King's College Circle, Room 2124, Toronto, ON M5S 1A8
Tel: 416-946-0739, Email: medicine.financeawards@utoronto.ca**

APPENDIX 1 // PARENTAL INCOME INFORMATION
FACULTY OF MEDICINE – UNIVERSITY OF TORONTO
DOCTOR OF MEDICINE BURSARY APPLICATION

APPENDIX 1 / PART 1: STUDENT INFORMATION	
Last Name:	
First Name:	

APPENDIX 1 / PART 2: PARENT INFORMATION
Parent 1 Name:
Parent 2 Name:
Total number of persons In family (including parents):
Total Number of persons who live in your home (including the student named above if applicable):
Total Number of family members who are currently attending a postsecondary institution on a full time basis:

APPENDIX 1 / PART 3: PARENTAL INCOME AND ASSESTS		
2016 REQUIRED	Parent 1	Parent 2
Occupation:		
Self Employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Gross Income (line 150 of Income Tax Return):	\$	\$
EI Premiums (line 312 of Income Tax Return):	\$	\$
CPP Contribution (line 308 of Income Tax Return):	\$	\$
Income Tax Payable:	\$	\$
Self-Employment: If a parent was self-employed, we require a copy of the business statement. Please include with this application. Documentation of Parental Income: Copies of your parent’s Canada Revenue Agency Notice of Assessment may be required. We will contact the applicant if we require this documentation.		
2015 REQUIRED	Parent 1	Parent 2
Occupation:	\$	\$
Self Employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Gross Income (line 150 of Income Tax Return):	\$	\$
EI Premiums (line 312 of Income Tax Return):	\$	\$
CPP Contribution (line 308 of Income Tax Return):	\$	\$
Income Tax Payable:	\$	\$

2014 REQUIRED	Parent 1	Parent 2
Occupation:	\$	\$
Self Employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Gross Income (line 150 of Income Tax Return):	\$	\$
EI Premiums (line 312 of Income Tax Return):	\$	\$
CPP Contribution (line 308 of Income Tax Return):	\$	\$
Income Tax Payable:	\$	\$
PARENTAL ASSET INFORMATION	Parent 1	Parent 2
Mutual Funds:		
GICs:		
Total Bank Account Balances:		
Term Deposits:		
Stocks:		
Bonds (face value):		
Value of Investments Outside Canada:		
Other Assets:		
RRSP:		
ASSET DOCUMENTATION: Documentation supporting the value of assets may be required We will contact the applicant if we require this documentation.		

APPENDIX 1 / PART 4: PARENTAL REAL ESTATE HOLDINGS (documentation required – see note below)	
Parental Primary Residence Address:	
Market Value (from last Property Tax Assessment):	\$
Amount Owing on Mortgage:	\$
Other Property Holdings:	
Market Value (from last Property Tax Assessment):	\$
Amount Owing on Mortgage:	\$
Type of Property:	
REAL ESTATE: Copies of the most recent property tax assessment are required. Please include copies with this form	

APPENDIX 1 / PART 5: CONSENT AND DECLARATION

I understand that the personal information I provide in connection with this application can be accessed by the applicant. I have read and understood all parts of this section and my signature attests to my consent to the collection of my personal information and that my declaration is true, accurate and complete.

Signature of Parent 1:	Date:
Signature of Parent 2:	Date:

Collection and Use of Personal Information: Personal information provided on this application form and in all other communications related to the application and award of financial assistance, is used by the University of Toronto, Faculty of Medicine to administer its Financial Aid Program.

Note: If annual income is less than \$10,000.00, attach a letter and supporting documentation indicating how the family's daily living costs are being met. Parents may duplicate this form and submit the form individually under separate cover.

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 administering the assessment of financial need and the assignment of bursary funding and will also be used in preparing statistical reports. The information will be reviewed by members of the Undergraduate Bursary 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.

RETURN COMPLETED FORM TO:

**ATTN: Bill Gregg, Associate Registrar, Student Financial Services
Enrolment Services – Undergraduate Medical Education
Faculty of Medicine, University of Toronto
1 King's College Circle, Room 2124, Toronto, ON M5S 1A8
Tel: 416-946-0739, Email: medicine.financeawards@utoronto.ca**

APPENDIX 2 // SPOUSE INCOME INFORMATION

FACULTY OF MEDICINE – UNIVERSITY OF TORONTO
DOCTOR OF MEDICINE BURSARY APPLICATION

APPENDIX 2 / PART 1: SPOUSE INFORMATION (IF APPLICABLE)	
Student Last Name:	Student First Name:
Student OMSAS Number:	
Spouse Last Name	Spouse First Name:

APPENDIX 2 / PART 2: SPOUSAL INCOME AND ASSETS	
2016, 2015, 2014 REQUIRED	
Occupation:	
Self Employed?	<input type="checkbox"/> NO <input type="checkbox"/> YES (if yes, documentation is required, see note below)
Gross Income (line 150 of Income Tax Return):	\$
EI Premiums (line 312 of Income Tax Return):	\$
CPP Contribution (line 308 of Income Tax Return):	\$
Income Tax Payable:	\$
Spousal Contribution to student for 2016-17 Year:	\$
<p>Self-Employment: If a spouse was self-employed, we require a copy of the business statement. Please include with this application. Documentation of Spousal Income: Copies of the spouse's Canada Revenue Agency Notice of Assessment may be required. We will contact the applicant if we require this documentation.</p>	
SPOUSAL ASSET INFORMATION	
Mutual Funds	\$
GICs	\$
Total Bank Account Balances	\$
Term Deposits:	\$
Stocks:	\$
Bonds (face value):	\$
TOTAL VALUE OF INVESTMENTS HELD:	\$
Value of Investments Outside Canada:	\$
Other Assets:	\$
RRSP:	\$
<p>ASSET DOCUMENTATION: Documentation supporting the value of all assets may be required. We will contact the applicant if we require this documentation. If you hold financial interests (shares) in private businesses/corporations, please include copies of an audited financial statement.</p>	

APPENDIX 2 / PART 3: CONSENT AND DECLARATION

I hereby certify that the amounts reported above are complete and accurate. I understand that the information on this form is a required portion of the Bursary Application. I will notify the applicant's financial aid office in writing if there are any changes.

I understand that the personal information I provide in connection with this application can be accessed by the applicant. I have read and understood all parts of this section and my signature attests to my consent to the collection of my personal information and that my declaration is true, accurate and complete.

Signature of Spouse:

Date:

Collection and Use of Personal Information:

Personal information provided on this application form and in all other communications related to the application and award of financial assistance, is used by the University of Toronto, Faculty of Medicine to administer its Financial Aid Program.

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 administering the assessment of financial need and the assignment of bursary funding and will also be used in preparing statistical reports. The information will be reviewed by members of the Undergraduate Bursary 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.

RETURN COMPLETED FORM TO:

**ATTN: Bill Gregg, Associate Registrar, Student Financial Services
Enrolment Services – Undergraduate Medical Education
Faculty of Medicine, University of Toronto
1 King's College Circle, Room 2124, Toronto, ON M5S 1A8
Tel: 416-946-0739, Email: medicine.financeawards@utoronto.ca**