

**Cassels-Shaw Graduate Fellowship – Financial Need Assessment Form**

Name:

V#:

Academic Department:

<b>Educational Expenses – FOR ONE TERM</b>	
Tuition:	\$
Books:	\$
Supplies:	\$
<b>Total Educational Expenses:</b>	\$
<b>Monthly Living Expenses</b>	
Rent/Mortgage:	\$
Food & Supplies (laundry, deodorant etc.)	\$
Utilities:	\$
Transportation:	\$
Entertainment:	\$
Medical/Dental/Optical:	\$
Child Care:	\$
Other:	\$
<b>Total Monthly Living Expenses:</b>	\$
<b>Educational Resources</b>	
Savings:	\$
Awards (Scholarship & Bursaries):	\$
Student Loans/Grants (estimate if not sure)	\$
Parental Contribution:	\$
<b>Total Educational Resources:</b>	\$
<b>Monthly Income (Leave blank those that do not apply to you)</b>	
Employment income full or part time work:	\$
Social Assistance:	\$
Workers Compensation:	\$
Sponsorships:	\$
Orphan's Benefits/CPP:	\$
Parental Contribution:	\$
Spouses Income:	\$
Child Care Subsidy:	\$
Other:	\$
<b>Total Monthly Income:</b>	\$

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 for the purpose of financial assessment for this scholarship. I confirm that the information provided is true and complete to the best of my knowledge.

**Nominee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_