

## OSOTF FINANCIAL NEED ASSESSMENT

The Ontario Scholarship Opportunities Trust Fund (OSOTF) awards were established by the Province of Ontario in 1997-98 whereby the province matched private donations for various awards. These awards include certain restrictions. If you are completing this assessment to apply for an OSOTF award or scholarship, please indicate that you meet the following three criteria by checking the appropriate boxes:

- 1. I am  $\square$  a Canadian citizen, or  $\square$  a landed immigrant, or  $\square$  a protected person;
- 2. I am an Ontario resident, because:
  - a.  $\square$  I have lived in Ontario for a period of at least 12 consecutive months up to the beginning of full-time post-secondary study; **OR**
  - b.  $\square$  my spouse has lived in Ontario for at least 12 consecutive months up to the beginning of the current year of full-time post-secondary study period; **OR**
  - c.  $\square$  my parent(s)/stepparent(s)/legal guardian/official sponsor has/have lived in Ontario for at least 12 consecutive months up to the beginning of the current year of full-time post-secondary study.
- 3.  $\square$  I demonstrate financial (as determined by TST's financial need assessment procedures and policies).

<u>Note:</u> This is not an application form for a TST OSOTF award or scholarship, but a demonstration of FINANCIAL NEED. Please see the TST website for the application requirements for the respective award or scholarship.

**NOTE:** This form MUST be completed using the fillable PDF function and signed with an original signature (electronic signatures are not accepted).

## Section 1: STUDENT INFORMATION

| Last Name:          | First Name:            |                       | College:  |
|---------------------|------------------------|-----------------------|---|
|                     |                        |                       |   |
| Student Number:     | Province of Residency: |                       | How Long Have you lived in the Province of Residency? YEARS |
| JofT Email Address: |                        | Daytime Phone Number: |   |

## Section 2: FINANCAL INFORMATION

Estimate the resource and expense amounts for the **total number of months** you will be registered as full-time student between September and August. Include resources and combined expenses of your spouse/partner if applicable.

| Expected Resources                            | Amount: | Expected Expenses                                       | Amount: |
|---|---------|---|---------|
| Awards/Scholarships/Grants (specify):         |         | Fees (tuition, ancillary and incidental)                |         |
|   |         | Books & Academic Supplies                               |         |
|   |         | Rent/Mortgage & Utilities                               |         |
| Graduate Funding Package                      |         | Food & Household Supplies                               |         |
| Teaching Assistantship                        |         | Transportation  |         |
| Other personal net income                     |         | Childcare   |         |
| Net income from OSAP                          |         | Medical/Dental  |         |
| Savings                                       |         | Cellular/Internet                                       |         |
| RRSP/RESP                                     |         | Other (use Additional Information section on next page) |         |
| Total Resources:                              |         | Total Expenses:   |         |
| Total Resources – Total Expenses = TOTAL NEED |         |   |         |

| OSAP Status:  |                                    |             |  |  |  |
|---|------------------------------------|-------------|--|--|--|
| Have you applied for OSAP for the current academic year?  | ☐ YES ☐ NO                         |             |  |  |  |
| Have you received the result of your OSAP assessment?   | ☐ YES ☐ NO                         |             |  |  |  |
| Marital Status:   |                                    |             |  |  |  |
| Single Married Other  |                                    |             |  |  |  |
| Dependants:   |                                    |             |  |  |  |
| Total Number of dependants: indicate number of dependants in each age group below:  |                                    |             |  |  |  |
| (0-12 yrs.) (13-18 yrs.) (19-23 yrs.)   | (24-60 yrs.) (Over 60              | yrs.)       |  |  |  |
| Additional Information: (Please list here any additional information relating to expected resonage of 23 yrs.)  | urces and expensed and/or dependan | ts over the |  |  |  |
|   |                                    |             |  |  |  |
|   |                                    |             |  |  |  |
|   |                                    |             |  |  |  |
| STUDENT DECLARATION:  |                                    |             |  |  |  |
| JIDENI DECEMATION.  |                                    |             |  |  |  |
| I hereby declare that all information on this application, to the best of my knowledge, is true and complete in every respect. I understand that I may be required to supply supporting documentation, specifically my tax return (or spouse's, if applicable) for the previous year, if this application is successful and if I am requested to so. I understand that I may be required to repay all or part of this award if the information is found to be inaccurate. Furthermore, I understand that if my study status changes to PART-TIME, OR if I withdraw, lapse or go on a Leave of Absence from my program I may be required to repay all or part of this award. |                                    |             |  |  |  |
| Student Signature:  | Date:                              |             |  |  |  |
|   |                                    |             |  |  |  |

TST respects your privacy. Personal information is collected for the purpose of admission, registration, academic programs, university-related student activities, activities of student societies, safety, financial assistance and awards, graduation and university advancement, and reporting to government agencies. Personal Information will be protected at all times.

If you have questions please contact the TST Registrar, Toronto School of Theology, 47 Queen's Park Crescent East, Toronto, ON, M5S 2C3 or call 416-978-4040.