

GRADUATE ONTARIO STUDENT OPPORTUNITY TRUST FUNDS (OSOTF) AWARDS FINANCIAL NEEDS ASSESSMENT FORM

INTRODUCTION:

The "OSOTF awards" refer to a class of awards, which have resulted from Ontario government's "matching" program. Under the program every dollar of donation received for student assistance has been matched by the government as well as the university on a dollar-for-dollar basis.

ELIGIBILITY:

What are the OSOTF eligibility requirements? These awards are restricted to individuals who meet **all** of the following criteria at the time of application:

1. Canadian citizen, Permanent Resident of Canada or Protected Person under subsection 95(2) of the Immigration and Refugee Protection Act (Canada);
2. Resident of Ontario*; and
3. Demonstrates financial need**

*What are the requirements to be considered a resident of Ontario?

- You need to have always lived in Ontario, **or**
- Ontario is the last province you lived in for 12 months in a row without being a full-time postsecondary student, **or**
- You live in Ontario now AND have lived in Canada for less than 12 months in a row

If you are married/common-law, you can be considered an Ontario resident if:

- Your spouse has always lived in Ontario, **or**
- Your spouse has lived in Ontario for the last 12 months in a row without being a full-time postsecondary student, **or**
- **All** of these statements are true:
 - You now reside in Ontario
 - You've lived in Canada for less than 12 months in a row
 - Your spouse has lived in Canada for less than 12 months in a row

If you qualify as a dependent student, you're considered an Ontario resident if:

- Ontario is the last province in which your parent(s) have lived in for at least 12 months in a row, **or**
- **All** of these statements are true:
 - You now reside in Ontario
 - You've lived in Canada for less than 12 months in a row
 - Your parent(s) have lived in Canada for less than 12 months in a row

OSOTF Requirements: To be eligible for OSOTF awards, you must: i) be a Canadian Citizen, Permanent Resident of Canada, or Protected Person, ii) demonstrate financial need, **and** iii) have one of the following residency statements apply to you. **Check the statement that applies.**

	I was born and raised and/or have always resided in Ontario.
	I resided in Ontario for 12 consecutive months before becoming a post-secondary student.
	My partner/spouse has resided in Ontario for at least 12 consecutive months immediately before the last day of the month in which classes began for my most recent period of full-time post-secondary studies (i.e. current academic year) and, during this time, my partner was not enrolled in full-time postsecondary studies.
	I qualify as a dependent and my parent(s), step-parent(s), legal guardian(s), or official sponsor(s) has resided in Ontario for at least 12 consecutive months immediately before the last day of the month in which classes began for my most recent period of full-time post-secondary studies (i.e. current academic year).
	I live in Ontario now AND have lived in Canada for fewer than 12 months in a row.

The above requirements are the guidelines established by OSAP to determine Ontario residency for OSAP purposes.

****How is financial need demonstrated?**

The OSOTF Financial Need Assessment Form (below) serves to confirm the residency requirement (student must attest to this) and demonstrate financial need by calculating the student's expected resources and expenses for the academic year (typically the study period months between September and August).

Financial need is normally demonstrated when a negative balance or small positive balance appears in the "TOTAL NEED" field on page 4 of the form (e.g., "Total Expected Expenses" is higher than "Total Expected Resources"). Showing a large positive balance in the "TOTAL NEED" field is not typically considered a demonstration of financial need unless extenuating circumstances are also reported under "Additional Information" on page 4.

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**Ontario Student Opportunity Trust Funds (OSOTF)
Financial Need Assessment Form**

Last Name:	First Name:
Graduate Unit:	
Student Number:	
Email Address:	
Phone Number:	
Have you applied for OSAP/UTAPS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes to above, have you received the result of the OSAP/UTAPS assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Names of the awards that you are applying or being considered for <i>(Note: You will be considered for all four awards listed below):</i> 1. BBDC-Novo Nordisk Studentship 2. Yow Kam-Yuen Graduate Scholarship in Diabetes Research 3. Tamarack Graduate Award in Diabetes Research 4. BBDC-University Health Network Graduate Award	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other	
Number of dependent children (Do not include children who have been out of high school for 5 years or longer):	
Number of other dependents: Relationship to other dependents:	
Student Declaration: I hereby certify that the information provided on this application is true, complete and accurate. I understand I may be required to supply additional documentation if this application is successful and if I am requested to do so.	
Signature of Applicant (Digital signature is acceptable)	Date

Budget

Please provide the expected resource and expense amounts for the 12-month period: September 1, 2024 to August 31, 2025. Include expected resources and combined expenses of your spouse/partner, where applicable.

Expected Resources	\$ Amount	Expected Expenses	\$ Amount
Student loan (OSAP or other)		Tuition, incidental, system access and ancillary fees	
UTAPS (provide amount from current academic year as an estimate)		Books & academic supplies	
Available student line of credit/financial institution loan		Rent/mortgage & utilities	
Total graduate base funding (living allowance plus tuition and fees)		Food & household supplies	
Research assistantship		Transportation	
Teaching assistantship		Child care	
Awards, scholarships and fellowships accepted from external funding sources (include name and amount of each on a separate line below)		Medical/dental	
		Clothing	
		Outstanding student loans	
		Cell phone and internet	
Other employment income (net amount after tax deduction)		Other expenses (detail in lines below)	
50% of spouse/partner's net income (net amount after tax deduction)			
Child support or other government assistance/benefits			
Savings and accessible investments			
Other support/assistance/resources (specify below)			
TOTAL EXPECTED RESOURCES:	\$	TOTAL EXPECTED EXPENSES:	\$
TOTAL NEED (Total Resources less Total Expenses): Financial need is normally demonstrated when a negative or small amount appears in this field.			\$

Additional Information - If there are additional details that you wish to provide, please use the space below.