



TEMERTY FACULTY OF MEDICINE UNIVERSITY OF TORONTO

GRADUATE ONTARIO STUDENT OPPORTUNITY TRUST FUNDS (OSOTF) AWARD 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;
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
- 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:
 - o you now reside in Ontario
 - o you've lived in Canada for less than 12 months in a row
 - o 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/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 appears in the "TOTAL NEED" field on page 2 of the form (e.g., "Total Expected Expenses" is higher than "Total Expected Resources"). Showing a positive balance in the "TOTAL NEED" field is not typically considered a demonstration of financial need, unless extenuating circumstances are also reported (additional page for explanation may be submitted).

Note:

- This Financial Need Assessment Form must be completed with an OSOTF Application.
- For additional information on completing the Financial Need Assessment, refer to the Faculty of Medicine Expenses and Resources Guide for OSOTF Financial Need Assessment Form

The University of Toronto respects your privacy. Personal information that you provide to the University is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admissions, registration, academic programs, university-related student activities, activities of student societies, financial assistance and awards, graduation and university advancement, and for the purpose of statistical reporting to government agencies. 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 Coordinator at 416-946-7303, McMurrich Building, room 104, 12 Queen's Park Crescent West, Toronto, ON, M5S 1A8

**ONTARIO STUDENT OPPORTUNITY TRUST FUNDS (OSOTF)
FINANCIAL NEED ASSESSMENT FORM**

Name of the OSOTF award(s) that you are applying or being considered:

Last Name:	First Name:
Graduate Unit:	Student Number:
Email Address:	Telephone Number:

OSAP/UTAPS:		
1. Have you applied for OSAP/UTAPS?	Yes	No
2. If yes to above, have you received the result of the OSAP/UTAPS assessment?	Yes	No

Marital Status:		
Single:		
Married:		
Other:		
Children		1. Number of Independent(s): (Do not include children who have been out of high school for at least 5 years)
		2. Number of Other Independent(s): Relationship: _____

Financial Information: Please provide the resource and expense amounts for the **twelve-month period for which funding is being requested** (e.g. September 1, 2022 to August 31, 2023). Include resources and combined expenses of your spouse/partner, where applicable.

If your graduate unit provides a guaranteed stipend (i.e. supervisor’s stipend), you should include that amount as a resource in your budget. Please note that the needs-assessment we perform may be used either to locate particular sources of funding for that stipend, and/or to augment the total amount of funding you will receive.

Period from: _____ **To:** _____

EXPECTED RESOURCES	\$ AMOUNT	EXPECTED EXPENSES	\$ AMOUNT
Awards: (specify):		Tuition Fees	
		Books & Academic Supplies	
		Rent/Mortgage & Utilities	
		Food & Household Supplies	
Graduate Funding Package		Transportation	
Research Assistantship		Child Care	
Teaching Assistantship		Medical/Dental	
Other Income		Clothing	
Income of Spouse/Partner		Other (Specify):	
Less Tax			
TOTAL NET INCOME:			
OSAP/UTAPS			
Savings			
TOTAL RESOURCES	\$	TOTAL EXPENSES	\$
TOTAL RESOURCES – TOTAL EXPENSES = TOTAL NEED			\$
Comments/Notes:			

Student Declaration: I hereby certify that the information provided on this application is, to the best of my knowledge, true and complete. I understand I may be required to supply 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 do so.

Signature of Applicant

Date