## **Financial Information Statement**

Use this form to assist you in completing your online Financial Need Assessment Profile.

Note: This is an interactive form. If you wish to fill in the form electronically, open it in Adobe Reader.

Here is the download link: http://get.adobe.com/reader/otherversions/

## **EXPENSES**

Complete this section with details of your educational expenses for a 4-month study period. Enter a final 4-month amount that will reflect your expenses per each category. Your final totals must be rounded to the nearest dollar value.

\*Note: Amounts will be adjusted based on the Ministry guideline of allowable educational expenses.

If there is no amount available in any of the category below, make sure it is indicated by entering "0" (zero). Be sure to complete all areas correctly.

\*Students must provide documentation for confirmation of expenses if requested. Consideration for awards will be based on financial need.

Expense= Monthly Payment x4 months of a semester for Final Expense Total (used for online submission) This field will be automatically populated on the form. You cannot enter it manually.

| Category   | Monthly Amount                |          | nth Total (this is what you<br>or on your FNAP application |
|--|-------------------------------|----------|--|
| Tuition Fees:  |                               |          |  |
| Books:   |                               |          |  |
| Rent/Mortgage:   | x 4 months                    |          |  |
| Food:  | x 4 months                    |          |  |
| Utilities  | x 4 months                    |          |  |
| (heat/hydro/phone/internet):   |                               |          |  |
| Personal Incidentals (Include dental, medication personal supplies.) | x 4 months                    |          |  |
| Transportation Expenses:   | x 4 months                    |          |  |
| Childcare Expenses: include ar                                       | nounts paid for child care ov | er a fou | r month period.  |
| Child Support  | x 4 months                    |          |  |
| Payments: (Proof of  |                               |          |  |
| payment will be  |                               |          |  |
| requested)   |                               |          |  |
| Total Daycare  | x 4 months                    |          |  |
| expenses for   |                               |          |  |
| dependents 0-11 yrs:   |                               |          |  |
| Total Daycare  | x 4 months                    |          |  |
| expenses for   |                               |          |  |
| dependents 12-18 yrs:  |                               |          |  |
| Dependents' Incidental   | x 4 months                    |          |  |
| Expenses: (Include   |                               |          |  |
| dental, medication   |                               |          |  |
| personal supplies)   |                               |          |  |
| Total Expenses below must be the TOTAL EXPENSES for the 4-mo         |                               | eriod am | nounts.  |

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## **RESOURCES**

Complete this section with details of your resources for a 4-month study period. Enter a final 4-month amount that will reflect your resources per each category. Your final totals must be rounded to the nearest dollar value.

If there is no amount available in any of the category below, make sure it is indicated by entering "0" (zero). Be sure to complete all areas correctly.

Consideration for awards will be based on financial need

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|--|--------------------|--|---|--|
| Category   | Amount             |  | Total Amount (this is what you enter on your FNAP application |  |
| Savings Amount:  |                    | divide savings by 2 semesters  |   |  |
| Income during your 4-month current study period (excluding Government Income):                 |                    | x 4 months   |   |  |
| OSAP expected for current academic year (actual OSAP assessment):                              |                    | divide funding by 2 semesters  |   |  |
| Contribution from parents/guardians:   |                    | per semester   |   |  |
| Contribution from spouse/partner:  |                    | per semester   |   |  |
| Additional Financial Assistance:   |                    | per semester   |   |  |
| Total Government Income: (select all that apply)   |                    | x 4 months   |   |  |
| Canada Pension Plan Employment Insurance Ontario Disability Support Program Ontario Works WSIB |                    | Crown Ward Native Postsecondary Support Ontario Skills Development Second Career |   |  |
| Amount of other financial resources <b>NOT</b> reported above:                                 |                    |  |   |  |
| Total Expenses below must be the sum of your 4 month study period.                             |                    |  |   |  |
| TOTAL RESOURCES for the  | 4-month            |  |   |  |
| period:  |                    |  |   |  |

| **Please bring a printed copy of this fo | rm to the workshop. It is recommended that |
|--|--|
| you keep a copy for your records.        |  |