

Elizabeth Marie Bain Community Spirit Award Application

Award Criteria

Awarded to a student entering 2nd, 3rd, or 4th year who has actively contributed at the U of T Scarborough and/or the community. The recipient will:

- show consistent involvement in extracurricular activity
- have a good academic record (min B Average or 3.0 GPA)
- demonstrate financial need
- must meet OSAP's residency requirements

Special consideration will be given to students who can demonstrate involvement in the arts and/or sports and/or in a mentorship role.

OSOTF Award

Value: \$1,800 (approx.)

Background

The Bain family established this scholarship in celebration of Elizabeth Marie Bain's life (July 11, 1967 to June 19, 1990). Lisa is remembered as someone who encouraged everyone to fulfill their dreams and aspirations. She was a supportive, caring and nurturing individual who left an enduring imprint of love and compassion with all who met her. The Bain family hopes that this scholarship will enable a student who is lacking the financial means to attend UTSC and to help that person achieve his/her dreams and aspirations. The recipient will excel at and enjoy providing caring service to others.

Instructions

Deadline: May 31st

- You must submit this application **on or before** the deadline date.
- You must also submit the following documents:
 1. A Referee's Form, and
 2. A letter of reference from the referee
 3. A résumé or curriculum vitae (CV)

Applicant Information

Full Name:		
<i>Last</i>	<i>First</i>	<i>Middle</i>
Address:		
<i>Street Address</i>		<i>Apartment/Unit #</i>
<i>City</i>	<i>Prov.</i>	<i>Postal Code</i>
Phone: _____	Phone: _____	
Student No: _____	E-mail Address: _____	

Marital Status

- Single
- Married/Common Law
- Divorced/Separated
- Other (specify) _____

Status in Canada

- Canadian Citizen
- Permanent Resident
- Protected Person

Award Essay or Statement

In the space below, or in an attachment, describe your contribution to U of T Scarborough and/or the community. Show that your involvement has been consistent.

Financial and Other Information

The following information will help the Award Selection Committee fully understand your financial situation. The budget you will complete is for the upcoming academic year. Applicants are encouraged to have submitted an application for OSAP by June 30th. There is space below to provide additional information or clarification about your situation.

Government Assistance (Ontario)

Did you receive OSAP for the academic year that just ended? Yes No

If yes, please indicate the amount: \$ _____

If no, please explain why (use the space provided below).

Financial Information

Please indicate your expected income for the summer (May to August).

How much do you expect to earn during the summer?

Include income from all sources and report the gross earnings.

\$ _____

How much do you plan to save for the next academic year?

\$ _____

If you will have no income this summer, please explain (use the space provided below).

Did you work during the academic year that just ended?

Yes

No

If Yes, how much did you earn from September to April?

\$ _____

If you did not work, please explain why (e.g. Childcare responsibilities, health problems, etc.). Use the space below.

Do you plan to work part time during the upcoming academic year?

Yes

No

Motor Vehicle Information

Do you own a motor vehicle?

Yes

No

If yes, what is the Model & Make?

Year

If yes, explain its necessity.

Family Information

This section must be completed by married students and single students who have **not** been out of high school for more than four years. Answer only those questions which apply to you.

For the calendar year that just ended, what was the annual gross income of your spouse?

\$ _____

For the calendar year that just ended, what was the annual gross income of Parent 1?

\$ _____

For the calendar year that just ended, what was the annual gross income of Parent 2?

\$ _____

How many dependants are there in your family?

Include yourself and any siblings, (or children) who are 25 years old or younger and attending school (primary, high school, college or undergraduate studies). Do not include your parent(s) or spouse.

Indicate the number of dependants attending a postsecondary institution:

Please provide details of any special circumstances that limit the ability of your family to provide financial support for your university education.

Additional Information

It is important that a full explanation of your financial circumstances be available to the committee reviewing your application. If the space is insufficient you may attach a letter.

Use the space below to:

- provide additional details about your situation, or to expand upon any of the information given in this application
- tell us if you expect your financial resources to differ or be the same as last year. If they will differ, how will they differ?

Your Budget for the Academic Year

Please provide a summary budget for your next academic year (September to April).

- Single students should indicate only their income and expenses (not those of their parent(s))
- Married students should indicate their total family income (after tax and other compulsory deductions) and total family expenses.
- Round amount to the nearest dollar (e.g. \$489.85 = \$490)

INCOME & RESOURCES			TOTAL
Savings (previous and /or from Summer Employment)			\$
Income from your part-time job (September to April)			\$
Spousal Income (September to April)			\$
Family Support (parent, family or guardian)			\$
Personal Loan or Bank Loan or Line of Credit			\$
OSAP Funding (loan and grant)			\$
Scholarships and/or Grants (from U of T or external agencies)			\$
Other (specify)			\$
TOTAL INCOME & RESOURCES			\$
ESTIMATED EXPENSES			
ESTIMATED EXPENSES			TOTAL
Tuition & Incidental Fees			\$
Books & School Supplies			\$
Residence (for both Fall & Winter semesters)			\$
			Monthly Expense
			# Months
Rent	\$	8	\$
Groceries/Food (include snacks bought at school)	\$	8	\$
Public Transportation	\$	8	\$
Phone	\$	8	\$
Uninsured Medical/Dental (include only the amount not covered by your Student Health Plan, & over the counter products)	\$	8	\$
Recreational Expenses	\$	8	\$
Personal Care (haircuts, make up, etc.)	\$	8	\$
Other Expenses(not included above; specify)			
•			\$
•			\$
•			\$
•			\$
•			\$
•			\$
TOTAL EXPENSES			\$
INCOME – EXPENSES =			\$

Additional Budget Information

Use the space below to provide additional details about any high and/or unusual expenses. If the space is insufficient you may attach a letter.

Declaration and Signature

- I hereby certify that the information provided on this application is, to the best of my knowledge, true and complete; and
- I authorize the release of the information contained herein to the appropriate award selection committee.

I authorize the Financial Aid & Awards Office to access my OSAP application and assessment data when determining my eligibility for this scholarship.

Further, I understand that the award selection committee will review the information and have access to my academic record.

The donor may wish to receive limited information about the recipient of the awards. The information we release could be general, biographical and/or academic in nature.

Do you agree to the release of such information? Yes No

If you indicate "No", you will not be considered for this scholarship.

Signature: _____ Date: _____
dd-mmm-yyyy

Keep a copy of this application and your statement/essay.

Note: The recipient of this award will be invited to an Awards Ceremony that is normally held in November.

University of Toronto Notice of Collection

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 admission, registration, academic programs, university-related student activities, activities of student societies, financial assistance and awards, graduation and university advancement, and reporting to government agencies for statistical purposes. 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's Freedom of Information and Protection of Privacy Office at 416 946-7303, McMurrich Bldg., Room 104, 12 Queen's Park Crescent West, Toronto, ON, M5S 1A8.

OFFICE USE ONLY – Please do not write in this space.

Decision: Approved Not Approved

Letter: Yes Date: _____

Staff Approval & Signature: _____ Date: _____