

Please complete the 8 month (fall/winter) budget below.

| A. Income/Resources | | |
|---|---------------------|-----------------|
| **Married students' budget should reflect income and expenses for the family.** | | |
| Bank Balance at the beginning of school period before paying tuition/expenses | | \$ _____ |
| Parent's/Spouse's contribution towards tuition, fees, living expenses, etc. | | \$ _____ |
| Academic Awards/Bursaries/Scholarships received | | \$ _____ |
| Part-Time earnings during study period (include Work Study earnings) | \$ _____ x 8 months | \$ _____ |
| OSAP/bank loan/personal line of credit (available balance for bank loan/ line of credit only) | | \$ _____ |
| Investments, e.g. GICs, mutual funds, bonds, RSP's etc. (Specify: _____) | | \$ _____ |
| Partner's monthly income after deductions (if applicable) | \$ _____ x 8 months | \$ _____ |
| Total Income/Resources | | \$ _____ |

| B. Expenses | | |
|---|---------------------------------|-----------------|
| Tuition and incidental fees | \$ _____ x 2 semesters | \$ _____ |
| Books and supplies | \$ _____ x 2 semesters | \$ _____ |
| Rent/residence | \$ _____ x 8 months/2 semesters | \$ _____ |
| Utilities | \$ _____ x 8 months | \$ _____ |
| Phone | \$ _____ x 8 months | \$ _____ |
| Food/meal plan | \$ _____ x 8 months/2 semesters | \$ _____ |
| Laundry | \$ _____ x 8 months | \$ _____ |
| Entertainment/personal costs | \$ _____ x 8 months | \$ _____ |
| Clothing | \$ _____ x 8 months | \$ _____ |
| Medical/Dental – (attach original receipts, including dispensing fees) | | \$ _____ |
| Child care cost for married or sole support parent (must attach receipts) | | \$ _____ |
| Other (Specify: _____) | | \$ _____ |
| Total Expenses | | \$ _____ |

| C. Need | |
|---|-----------------|
| Subtract "Total Expenses" from "Total Income/Resources" | |
| Total Need | \$ _____ |

COMMENTS/EXPLANATION: (attach a separate sheet if necessary)

I certify that the information contained in this application is complete and true. I agree to provide Student Financial Services with any documentation necessary to verify the above noted information. I understand that failure to provide such documentation may affect current or future eligibility for the travel grant. I acknowledge that if I am selected for this award, funding is only available dependent on attending the study abroad portion of AHSS 3500. I further understand that should my eligibility for the travel grant be terminated, I may be required to refund any monies I have received from the University under the travel grant.

X _____
Signature Date

Completed forms can be: Scanned and emailed from your GryphMail email account to finaid@guelphhumber.ca

| FOR OFFICE USE ONLY: | | | | |
|---|-------------|------|-----------|----------|
| OSAP AMT: | UNMET NEED: | SAG: | DATE: | INITIAL: |
| TRAVEL GRANT | | | COMMENTS: | |
| APPROVE: <input type="checkbox"/> DENY: <input type="checkbox"/> | | | | |
| INITIAL & DATE | | | | |