

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	\$ _____
Government Income (including CESB, CERB, EI, ODSP, Child Tax Benefits) Type _____	\$ _____
Any other income you will be receiving not listed above (e.g. gifts, child or spousal support etc.)	\$ _____
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				