



University of St. Michael's College  
Faculty of Theology  
**APPLICATION for STUDENT FINANCIAL AID**

Please ensure that all information is complete and accurate. **Incomplete applications will not be processed.**

The Student Financial Aid Committee reserves the right to request additional information.

Questions on this form are designed to obtain information to support your application. It is highly beneficial to submit a legible application. Your answers to these questions will be used only in conjunction with the administration of Student Financial Aid and will be kept in confidence.

Please refer to the Principles for Applying Student Financial Aid, available on the USMC website at:  
[http://stmikes.utoronto.ca/theology/doc/Principles\\_AwardStudentFinancialAid.pdf](http://stmikes.utoronto.ca/theology/doc/Principles_AwardStudentFinancialAid.pdf)

**Deadline for Financial Aid Applications:**

Applications for financial aid for upcoming academic year must be submitted on or before the first Friday of February each year. Applications submitted after that deadline will be considered only if funding remains.

**PERSONAL INFORMATION:**

Last Name:	_____	First Name:	_____
Address:	_____ _____ _____	Student Number:	_____ <i>Returning students must provide this number</i>
Day Time Phone No.	_____	Email Address:	_____ <i>Returning students must use utoronto address</i>
Status in Canada:	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident/Landed Immigrant of Canada		
	<input type="checkbox"/> Student Visa, I am a citizen of: _____		
<b>Ontario Student Opportunities Trust Fund (OSOTF) awards are restricted to residents of Ontario. For the purpose of OSOTF awards, an Ontario resident is either a Canadian citizen or a permanent resident of Canada who has had an Ontario mailing address for at least one year at the time the award is made.</b>			
Are you eligible for OSOTF?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Other: _____
Number of people in household: provide relationship; if children please provide ages (e.g., 4 people, 2 children, ages 3 and 5): _____			

**ACADEMIC INFORMATION:**

I will study:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
What level are you seeking financial aid for:	<input type="checkbox"/> Basic Degree	<input type="checkbox"/> Advanced Degree
<i>(Proceed with questions under the appropriate level)</i>		

**BASIC DEGREE:**

Program for funding:	<input type="checkbox"/> MDiv	<input type="checkbox"/> MRE	<input type="checkbox"/> MTS	<input type="checkbox"/> MACL	
What is your most recent GPA?	_____				
Are you a new student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Please provide Month & Year of Admission:	_____	Year in Program in the upcoming September term:	_____		
If you are not a new student, how many courses have you completed toward your degree (including courses taken in the fall term that just past)? (e.g., 12 of 20)					
How many courses do you plan to take in the following terms?					
Upcoming Summer Term:	_____	Upcoming Fall Term:	_____	Upcoming Winter Term:	_____
State the amount of financial aid you are requesting. The Tuition Fees Schedule is available online.					
<b>Please note that financial aid is awarded to cover the cost of tuition only.</b>					
Upcoming Summer Term:	\$ _____ -	Upcoming Fall Term:	\$ _____ -	Upcoming Winter Term:	\$ _____ -

**ADVANCED DEGREE:**

**Program for funding:**

- PhD
- ThD
- ThM
- MA
- Other: \_\_\_\_\_

What is your most recent GPA? \_\_\_\_\_

Are you a new student?  Yes  No

Year in Program in the upcoming September term: \_\_\_\_\_

Please provide Month & Year of Admission: \_\_\_\_\_

**Section to be completed by "Doctoral" Students:**

Please provide details of your progress in your program effective the upcoming month of April (select one or more):

- I am/will be doing course work and have \_\_\_\_\_ SDFs (incomplete work) from previous terms.
- I have completed \_\_\_\_\_ of \_\_\_\_\_ comprehensive exams.
- I am/will be writing my thesis proposal.
- I am/will be writing my thesis.

I have the following comments to make about my academic progress: \_\_\_\_\_

State the amount of financial aid you are requesting. The Tuition Fees Schedule is available online.

Please note that financial aid is awarded to cover the cost of tuition only.

\$ -

**Section to be completed by "MA and ThM" Students:**

- I am/will be doing course work and have \_\_\_\_\_ SDFs (incomplete work) from previous terms.
- I am a returning student. Excluding language courses, I have completed \_\_\_\_\_ courses so far.

I have the following comments to make about my academic progress: \_\_\_\_\_

How many courses do you plan to take in the following terms?

Upcoming Summer Term: \_\_\_\_\_ Upcoming Fall Term: \_\_\_\_\_ Upcoming Winter Term: \_\_\_\_\_

State the amount of financial aid you are requesting. Tuition Fees Schedule can be found online.

Please note that financial aid is awarded to cover the cost of tuition only.

Upcoming Summer Term: \$ - Upcoming Fall Term: \$ - Upcoming Winter Term: \$ -

Is any of the above funding request for your thesis work in the upcoming academic year?  Yes  No

If yes, please indicate the term when you will actually need this assistance (i.e., the term in which the thesis proposal will be approved)?

Term: \_\_\_\_\_  
Please note that if financial assistance is granted for thesis work, funds are to be used in the specified term/academic year. Funds are not transferrable/carried forward for use in subsequent academic year.

**FINANCIAL INFORMATION:**

Is this your first application for financial aid from University of St. Michael's College?

- Yes
- No, I have received assistance in the following academic year(s) (indicate amount and year) : \_\_\_\_\_

Are you receiving OSAP or other government assistance?

- Yes If yes, please specify source and amount you received most recently: \_\_\_\_\_
- No If not, please explain why: \_\_\_\_\_

Do you plan to apply for other funding?  OGS  SSHRC  Other: \_\_\_\_\_

For OGS, please note that one third of the scholarship value is paid by University of St. Michael's College

**Financial Income:**

I am financially  independent  dependent

If you are financially dependent, please state primary source of income:

- parents
- spouse
- religious communities
- Other: \_\_\_\_\_

**Employment Information:**

Are you employed?  Yes  No

If yes, what is the name of your employer? \_\_\_\_\_

Position Held: \_\_\_\_\_

Does your employer provide Tuition Reimbursement?  Yes  No

**Disclosure of Assets and Liabilities:**

Do you own any automobile(s)?  Yes  No If yes, please provide more information:

Make	Year	Make	Year
Auto 1 <input type="text"/>	<input type="text"/>	Auto 2 <input type="text"/>	<input type="text"/>

Do you/your family own your residence?  Yes  No If yes, please provide more information:

Year when it was purchased  Purchase Price \$

Do you/your family own a business?  Yes  No If yes, please provide more information:

Type of business  Net worth \$

Business net worth is the total value of land, buildings, machinery, equipment and inventory less debt. Business debt is only defined as debt for which the business itself was used as a collateral.

Financial Resources (Current Year's Gross Income - 12 Month Period Jan.-Dec.)	Amount below are in <input type="checkbox"/> Can\$ <input type="checkbox"/> US\$ Oth <input type="checkbox"/> _____	Current Year's Gross Expenses (12 Month Period Jan.-Dec.)	Amount below are in <input type="checkbox"/> Can\$ <input type="checkbox"/> US\$ Oth <input type="checkbox"/> _____
Personal employment earnings reported to government for tax assessment purposes:	\$	Student Loan payments:	\$
Spousal/Common-Law Employment Earnings reported to government for tax assessment purposes:	\$	Other Loan Payments ( <i>please specify</i> ) _____	\$
Personal savings/bank balance at application	\$	<input type="checkbox"/> Rent <input type="checkbox"/> Mortgage	\$
Portion of equity and other liquid assets (GICs, bonds, RRSPs, etc.) at application:	\$	Utilities ( <i>if applicable</i> )	\$
Other financial support from relatives, friends, etc.:	\$	Food	\$
Pension or annuity ( <i>please specify</i> ):	\$	Transportation	\$
Estimated investment/rental income	\$	Telephone	\$
Other income, please provide details:	\$	Insurance	\$
Scholarships, other bursaries received in the current academic year:	\$	Property Taxes ( <i>if applicable</i> )	\$
<b>TOTAL:</b>	<b>\$</b>	Self Tuition Fees:	\$
<b>Current Loans:</b>		Dependents' Tuition Fees ( <i>if applicable</i> )	
Government	\$	Specify relationship: _____	\$
Bank (enter personal loan amount only)	\$	Childcare ( <i>if applicable</i> )	\$
Other (friend, credit card, etc.)	\$	Entertainment	\$
		Other Major Expenses, specify: _____	\$
		Other Major Expenses, specify: _____	\$
		<b>TOTAL:</b>	<b>\$</b>

Will there be significant increase or decrease in your family's income in the upcoming year?  Yes  No

If yes, please explain: \_\_\_\_\_

Please outline what measures, beyond applying for financial assistance, you are taking to make it possible for you to complete your degree program (e.g., applying for sponsorships, looking for work or researching other funding sources).

**OTHER INFORMATION:**  
Please comment on any other factors that you feel are relevant to your request for financial aid. Use additional paper if necessary.

Please list your activities/memberships within the University of St. Michael's College and/or the Toronto School of Theology (e.g., teaching, Student Life Committee, TST Committees, etc.). Use additional paper if necessary.

Sometimes our donors want a brief profile of the students who are assisted by their donations. Please tell us why you study theology and what do you hope to do with your degree? (*use additional paper if necessary*)

I declare to the best of my knowledge that the above information is true. I also agree that my academic record may be considered and assessed prior to any decision being made, and that Faculty Members may be made aware of my application for the purpose of providing comment. I also agree that my name may be shared with administrators at St. Michael's and with donors.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If your plans or financial status should change at any time, it is your responsibility to notify the Student Financial Aid Committee via the Student Services Officer. Any reduction in the number of course credits taken will affect your financial aid eligibility.

**RETURN COMPLETED APPLICATION TO THE STUDENT FINANCIAL AID COMMITTEE VIA THE STUDENT SERVICES OFFICER**  
Faculty of Theology, University of St. Michael's College  
**(by mail)** 81 St. Mary Street, Toronto, ON M5S 1J4  
**(drop off)** Student Services Office, Room 307, Muzzo Alumni Hall, 121 St. Joseph Street, Toronto, ON

Please feel free to refer to the fees schedules currently posted online for reference <http://www.tst.edu/content/tuition-fees>