**Diversity in Health Graduate Bursary**

Value of Award: 2 @ $1,250

Eligibility: Enrolment in a Full Time FHS Graduate Program

Deadline to Apply: Annually on December 1st

Awarded to graduate students in the Advanced Health Care Practice program, School of Communication Sciences and Disorders, Master of Nursing program, School of Occupational Therapy or School of Physical Therapy, based on financial need. Preference will be given to candidates who self-identify as belonging to an equity deserving group.

A committee in the Faculty of Health Sciences will select the recipients. At least one representative of the committee must hold membership in the School of Graduate and Postdoctoral Studies.

Please complete this application form along with the Financial Needs Assessment form and email to the Dean’s Office, [fhsdo@uwo.ca](mailto:fhsdo@uwo.ca) by the deadline to submit.

Name: Click here to enter text.

Student Number: Click here to enter text.

GPA (Admissions): Click here to enter text.

# **Please answer the following questions:**

1. Please share how you identify with an equity deserving group.

Click here to enter text.

1. Please provide one paragraph indicating your financial need.

Click here to enter text.

FINANCIAL NEEDS ASSESSMENT FORM

**Personal Data**

First & Last Name Click here to enter text.

Student Number Click here to enter text.

Graduate Program Click here to enter text.

Year of Program Click here to enter text.

**Financial Information**

Indicate terms for which Financial Information is provided:

Fall (September – December)

Winter (January – April)

Summer (May – August)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Expenses** | **$ Per Term** | **$ Total** | **Income** | **$ Per Term** | **$ Total** |
| Tuition |  |  | Government Loan (OSAP) |  |  |
| Books |  |  | Personal Loan/Line of Credit |  |  |
| Housing |  |  | Other Scholarships (specify) |  |  |
| Utilities |  |  | Other Income (specify, i.e. family support) |  |  |
| Telephone |  |  |  |  |  |
| Food |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Expenses** |  |  | **Total Income** |  |  |

Did you apply for Government Funding this year?  Yes  No

Total Government Loans to Date: Click here to enter text.

Total Personal Loans to Date: Click here to enter text.

**Declaration**

The above information is true and correct and I require additional funds to continue my studies.

I understand that if any information is found to be untrue, this application will be cancelled, and any money received as a result of it will have to be paid back.

Applicant’s Signature

Date - Click to enter a date.