**Northwater Capital Management Award in Aging**

Value of Award: 2 @ $2100

Eligibility: FT FHS Graduate Program

Deadline to Apply: Annually on December 1st

Awarded annually to students enrolled full-time in a graduate program in the Faculty of Health Sciences. Students must be registered to attend or have been asked to present at a national or international conference or meeting on the basis of acceptance of a submitted abstract or require graduate research support. Financial need must be evident. The selection committee will be comprised of the Dean and Associate Dean (Graduate and Postdoctoral Programs) of the Faculty of Health Sciences as well as a member of the School of Graduate and Postdoctoral Studies. Successful candidates must meet OSOFT eligibility requirements. This award was established by a generous donation from Northwater Capital Management.

Please complete this application form along with the Financial Needs Assessment form and email to the Deans 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.

# **Financial Need**

1. Provide a brief statement supporting your candidacy for this award in aging (i.e., aging-related community activities, volunteer experiences, etc.)

Click here to enter text.

1. Please submit 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.