

SCHULICH SCHOLARSHIP SUPPLEMENTAL APPLICATION

2017-2018

Deadline: April 3, 2017

SUPPLEMENTAL SCHULICH APPLICATION FORM

To be completed in addition to the on-line Admission Bursary Application

Applicant's Information

Last Name	First Name	OMSAS #
Birth Date (dd/mm/yyyy)	Home Province:	
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married/common-law <input type="checkbox"/> Sole-support parent	Are you applying/entering the MD/PhD program? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Family Information (Required for all applicants)

Number of immediate family members (parents and siblings) who live in your Parental home, including yourself: *Include in number siblings attending post-secondary (and not living at home)	Number of immediate family members (parents and siblings) who live/do not live in your parental home attending postsecondary studies, including yourself:
Parental/Spousal Contribution for 2017/2018 Academic Year \$	

Parental Income Information (Required for all applicants – regardless of the number of years out of high school).

What is the marital status of your parents? (circle one): married/common-law, divorced, separated, single, widow/widower.

2016 If not available yet, please submit as soon as possible

Mother/step-mother/guardian	Father/step-father/guardian	Spouse/Common-law/partner
Occupation:-----	Occupation: -----	Occupation: -----
Self Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Self Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Self Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>
Mother's Gross Income (Line 150 of Income Tax Return) :	Father's Gross Income (Line 150 of Income Tax Return) :	Spouse's Gross Income (Line 150 of Income Tax Return) :
Mother's EI Premiums (Line 312 of Income Tax Return):	Father's EI Premiums (Line 312 of Income Tax Return):	Spouse's EI Premiums (Line 312 of Income Tax Return):
Mother's CPP Contributions (Line 308 & 310 of Income Tax Return):	Father's CPP Contributions (Line 308 & 310 of Income Tax Return):	Spouse's CPP Contributions (Line 308 & 310 of Income Tax Return):
Mother's Income Tax Payable (Line 435 of Income Tax Return):	Father's Income Tax Payable (Line 435 of Income Tax Return):	Spouse's Income Tax Payable (Line 435 of Income Tax Return):

2015 REQUIRED

Mother/step-mother/guardian Occupation: _____ Self Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Father/step-father/guardian Occupation: _____ Self Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Spouse/Common-law/partner Occupation: _____ Self Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>
Mother's Gross Income (Line 150 of Income Tax Return) :	Father's Gross Income (Line 150 of Income Tax Return) :	Spouse's Gross Income (Line 150 of Income Tax Return) :
Mother's EI Premiums (Line 312 of Income Tax Return):	Father's EI Premiums (Line 312 of Income Tax Return):	Spouse's EI Premiums (Line 312 of Income Tax Return):
Mother's CPP Contributions (Line 308 & 310 of Income Tax Return):	Father's CPP Contributions (Line 308 & 310 of Income Tax Return):	Spouse's CPP Contributions (Line 308 & 310 of Income Tax Return):
Mother's Income Tax Payable (Line 435 of Income Tax Return):	Father's Income Tax Payable (Line 435 of Income Tax Return):	Spouse's Income Tax Payable (Line 435 of Income Tax Return):

2014 REQUIRED

Mother/step-mother/guardian Occupation: ----- Self Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Father/step-father/guardian Occupation: ----- Self Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Spouse/Common-law/partner Occupation: ----- Self Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>
Mother's Gross Income (Line 150 of Income Tax Return) :	Father's Gross Income (Line 150 of Income Tax Return) :	Spouse's Gross Income (Line 150 of Income Tax Return) :
Mother's EI Premiums (Line 312 of Income Tax Return):	Father's EI Premiums (Line 312 of Income Tax Return):	Spouse's EI Premiums (Line 312 of Income Tax Return):
Mother's CPP Contributions (Line 308 & 310 of Income Tax Return):	Father's CPP Contributions (Line 308 & 310 of Income Tax Return):	Spouse's CPP Contributions (Line 308 & 310 of Income Tax Return):
Mother's Income Tax Payable (Line 435 of Income Tax Return):	Father's Income Tax Payable (Line 435 of Income Tax Return):	Spouse's Income Tax Payable (Line 435 of Income Tax Return):

2013 REQUIRED

Mother/step-mother/guardian Occupation: ----- Self Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Father/step-father/guardian Occupation: ----- Self Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Spouse/Common-law/partner Occupation: ----- Self Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>
Mother's Gross Income (Line 150 of Income Tax Return) :	Father's Gross Income (Line 150 of Income Tax Return) :	Spouse's Gross Income (Line 150 of Income Tax Return) :
Mother's EI Premiums (Line 312 of Income Tax Return):	Father's EI Premiums (Line 312 of Income Tax Return):	Spouse's EI Premiums (Line 312 of Income Tax Return):
Mother's CPP Contributions (Line 308 & 310 of Income Tax Return):	Father's CPP Contributions (Line 308 & 310 of Income Tax Return):	Spouse's CPP Contributions (Line 308 & 310 of Income Tax Return):
Mother's Income Tax Payable (Line 435 of Income Tax Return):	Father's Income Tax Payable (Line 435 of Income Tax Return):	Spouse's Income Tax Payable (Line 435 of Income Tax Return):

Self-Employment: If a parent or spouse was self-employed in any of the years requested above, we will require a copy of the business statement that relates to that particular taxation year. Please be prepared to submit if requested.

Documentation of Parental / Spousal Income: Copies of your parent / spouse's personal income tax return T1 General (4pages) and Notice of Assessment may be requested. Please be prepared to submit copies of the tax assessment. We will contact you if we require this documentation.

Asset Information (Required for all applicants)

RRSP's (at April 2017). If not applicable – enter \$0

Student \$	Parents (combined) \$	Spouse \$
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RESP's (at April 2017). If not applicable – enter \$0

Student Total value \$	Spouse Total value \$
From the total amount – What amount will be used towards 2017/2018 academic year \$	From the total amount – What amount will be used towards 2017/2018 academic year \$

Non-Registered Investments (Held OUTSIDE RRSPs): Applicant, Spouse and Parent totals – As of April 2017. (If not applicable – enter \$0)

Mutual Funds (estimated FMV at April 2017): Parents: Student: Spouse:	GICs (at April 2017): Parents: Student: Spouse:	Total Bank Account Balances (at April 2017): Parents: Student: Spouse:
Term Deposits (at April 2017): Parents: Student: Spouse:	Stocks (estimated FMV at April 2017): Parents: Student: Spouse:	Bonds – April 2017: Parents: Student: Spouse:
Total Value of Investments Held Outside Canada: Parents: Student: Spouse:	Other (in or out of Canada): Parents: Student: Spouse:	

Real Estate (Attach an additional sheet if required) – Parents

Parental Primary Residence Address:	Rental/Recreational/Other Property Type: Address:	Rental/Recreational/Other Property Type: Address:
Market Value (from latest Property Notice of Assessment):	Market Value (from latest Property Notice of Assessment):	Market Value (from latest Property Notice of Assessment):
Mortgage Owing (as of April 2017):	Mortgage Owing (as of April 2017):	Mortgage Owing (as of April 2017):
<input type="checkbox"/> *No mortgage. Renting. *Attach current rental agreement	<input type="checkbox"/> *No mortgage. Renting. *Attach current rental agreement	<input type="checkbox"/> *No mortgage. Renting. *Attach current rental agreement

Real Estate (Attach an additional sheet if required) – Applicant

- If personal primary residence is the same as parental primary residence, answer to: ‘Do you own this property?’ would be NO. Information about mortgage would be applicable if property/ mortgage is under your name (or spouse/partner’s name).

<p>Address of personal primary residence:</p>	<p>Do you own this property?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Year when property was purchased _____</p> <p>If address is different from parental primary residence - Is this property owned by a family member/relative?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes (to ‘you own this property?’ question), current market value (from latest Property Notice of Assessment):</p> <p>\$ _____</p>	<p>Mortgage Owning (as of April 2017):</p> <p>\$ _____</p>
<p>Do you rent this property?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>*Attach current rental agreement</p>	<p>Do you own any other property?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, please provide address, current market value and mortgage owing:</p>	

Vehicle (s):

<p>Are you registered as a primary driver on any vehicle insurance plan?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, please indicate make and model:</p> <p>_____</p> <p>Current market value:</p> <p>\$ _____</p>	<p>Do you own this vehicle?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes:</p> <p>Year purchased: _____</p> <p>Do you own any other vehicle (s)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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Non-Registered Investments – Documents supporting the value of all non-registered investments may be required. Please be prepared to submit investment statements as applicable. We will contact you if we require

this documentation. If you hold financial interests (shares) in private businesses/corporations please include all **audited** financial statements if requested.

Real Estate – Copies of the **latest property notice of assessment (s) (not tax bill) are required.** Please submit a copy of the most recent property assessment with your application.

STATEMENT COMPONENT (Please attach to this form)

The intention of the Schulich Scholarship is to assist students with financial need attend medical school. **Please describe in a 250-700** word statement why you feel that you/your family satisfy the financial need criteria including any circumstances you wish to be considered and attach to your completed application.

*** Include in your statement how you have managed debt, previous educational costs (tuition etc).

SUMMER ACTIVITY COMPONENT

Please describe how you spent your summers and whether you were able to accumulate any summer savings to help fund your education.

Plans for: Summer 2017

Summer 2016

Summer 2015

SUPPLEMENTARY EDUCATIONAL DEBT INFORMATION (Excluding amounts for the upcoming 2017/2018 academic year):

During your post-secondary education, have you applied for student loans (OSAP, Out-of-Province)?

Yes No

During your post-secondary education, have you applied for a line of credit/bank loan?

Yes No

What amount of student loans (OSAP, Out-of-Province) have you borrowed to date?

\$ _____

What amount of line of credit/bank loan have you borrowed to date?

\$ _____

What is the outstanding balance (portion not yet repaid) on the following:

Student loans (OSAP/Out-of-Province) \$ _____

Line of credit/bank loans \$ _____

Have you made payments on a previous student loan or repaid your students loans in full? If yes, please explain how you were able to make the payments. Where did the funds come from?

If you have never received/or applied for student loans and/or line of credit/bank loan, please explain how you were able to meet your educational costs (tuition, books including living expenses).

I understand that if any information is found to be untrue or inaccurate, this application may be considered cancelled and any money received as a result will have to be returned. If additional financial resources (eg. sponsorships, external awards/scholarships, service medical agreements, military funding) become available **after** this application is signed, you must disclose the information to our office during the application process and if you are a successful recipient of this scholarship.

Date

Signature

The information on this form is collected under the authority of the *University of Western Ontario Act, 1982*, as amended, and is needed to process your application, and decide your eligibility for the Schulich Scholarship. Registrarial Services may disclose to the award donor, who may use your information in publications associated with the bursary/award, and share with the appropriate Faculty, Department(s), and School(s) the following student personal information: name, address, biographical data, faculty, academic programs, and any other information that confirms criteria to the donor of the bursary or award. If you have any questions or concerns about the collection, uses, and disclosure of this information by the University, please contact the Training and Security Team Leader, Registrarial Services, Western Student Services Building, Room 1120, The University of Western Ontario, London, ON, N6A 5B8, Tel: 519-661-2111, extension 84863.

INFORMATION ABOUT THE SCHULICH SCHOLARSHIPS:

VALUE: \$100,000 (\$25,000 per year continuing for up to 4 years)

RENEWAL CRITERIA: Progress in program and continue to demonstrate financial need every year.

CHECKLIST FOR APPLICATION

- 1) You have submitted the on-line Admission Bursary Application
- 2) You have filled out this supplemental form in full
- 3) You have attached the most recent property notice of assessment (**not tax bill**) for all personal and family property
- 4) You are prepared to submit financial documentation related to other information reported on this application, if requested
- 5) You have attached your 250-700 word statement

DEADLINE DATE: APRIL 3, 2017

Please provide your contact information should our office need to contact you regarding your Schulich Scholarship application:

Telephone Number: _____

Email address: _____

QUESTIONS:

Norma Merino

Tel: (519) 661-2111 x 85958

nmerino@uwo.ca

Submit complete application (via email, mail, drop off):

Western University

Student Financial Services

Western Student Services Building, RM. 1120

London, ON

N6A 3K7

Email: bursary@uwo.ca