



**APPLICATION FORM**

**Chair in Transgender Studies**  
**Master’s Degree Research Scholarship**

|                                |  |
|--------------------------------|--|
| <b>PERSONAL INFORMATION</b>    |  |
| NAME:                          |  |
| EMAIL:                         |  |
| STUDENT NUMBER:                |  |
| <b>EDUCATIONAL INFORMATION</b> |  |
| Academic Unit:                 |  |
| Degree Program:                |  |

**Unique Scholarship Criteria**

Two or more \$1,000 scholarships will be awarded to current or entering academically outstanding University of Victoria master’s degree students of any gender who are pursuing trans-related research in any field, including creative or performative activity. Priority will be given to students who self-identify as Trans+. Further preference will be given to students who have not previously received an award from the Chair in Transgender Studies, and who demonstrate financial need.

Indigenous, Black, and other People of Colour are especially encouraged to apply.

In addition to this form please submit the following items to the Faculty of Graduate Studies, c/o Donja Roberts (scholoff@uvic.ca), Scholarship Officer University Centre A207:

1. A 500-word statement about your research
2. A current copy of your CV
3. One letter of academic recommendation
4. Completed financial need assessment form (see below)
5. An optional 250-word personal statement
6. New/entering students must also submit unofficial or administrative transcripts from previous schools

The deadline to submit your completed application package is **April 30<sup>th</sup>, 2022.**

The successful candidates will be selected by a committee of the Chair in Transgender Studies, and the award payment will be administered in one installment by the Faculty of Graduate Studies.

## General Financial Need Assessment

Please complete this form by entering the requested information. You do not need to do any calculations, those will be done by a scholarship officer using the information you provided. No supporting financial documents are required. Submit this form along with the related scholarship application to Donja Roberts, Scholarship Officer in the Faculty of Graduate Studies, University Centre A207. For questions or assistance contact Donja at [scholoff@uvic.ca](mailto:scholoff@uvic.ca)

**Name:** \_\_\_\_\_ **V#:** \_\_\_\_\_

**Academic Unit:** \_\_\_\_\_ **Degree Program:** \_\_\_\_\_

The expenses and resources I am reporting are for a period of (please check one):

1 term/4 months    2 terms/8 months    3 terms/12 months

| <b>Educational Expenses</b>                 |           |
|---|-----------|
| Tuition:                                    | \$        |
| Books:                                      | \$        |
| Supplies:                                   | \$        |
| <b>Total Educational Expenses:</b>          | <b>\$</b> |
| <b>Monthly Living Expenses</b>              |           |
| Rent/Mortgage:                              | \$        |
| Food & Supplies (laundry, deodorant, etc.)  | \$        |
| Utilities:                                  | \$        |
| Transportation:                             | \$        |
| Entertainment:                              | \$        |
| Medical/Dental/Optical:                     | \$        |
| Child Care:                                 | \$        |
| Other:                                      | \$        |
| <b>Total Monthly Living Expenses:</b>       | <b>\$</b> |
| <b>Educational Resources</b>                |           |
| Savings:                                    | \$        |
| Awards (Scholarship & Bursaries):           | \$        |
| Student Loans/Grants (estimate if not sure) | \$        |
| Parental Contribution Lump Sum:             | \$        |
| <b>Total Educational Resources:</b>         | <b>\$</b> |
| <b>Monthly Income</b>                       |           |
| Employment income full- or part-time work:  | \$        |
| Social Assistance:                          | \$        |
| Workers Compensation:                       | \$        |
| Sponsorships:                               | \$        |
| Orphan's Benefits/PPP:                      | \$        |
| Parental Contribution Monthly:              | \$        |
| Spouse's Income:                            | \$        |
| Child Care Subsidy:                         | \$        |
| Other:                                      | \$        |
| <b>Total Monthly Income:</b>                | <b>\$</b> |

Read the information below, check the box, and sign to indicate your consent to share this information with the Faculty of Graduate Studies.

I acknowledge and authorize the disclosure of the above financial information to the Faculty of Graduate Studies for the purpose of financial assessment for this scholarship. I confirm that the information provided is true and complete to the best of my knowledge.

**Applicant Name (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_