



**APPLICATION FORM**

**Chair in Transgender Studies**

**Doctoral Degree Research Scholarship for Trans and Non-Binary Students**

<b>PERSONAL INFORMATION</b>	
NAME:	
EMAIL:	
STUDENT NUMBER:	
<b>EDUCATIONAL INFORMATION</b>	
Academic Unit:	
Degree program:	

**Unique Scholarship Criteria**

One or more \$5,000 scholarships will be awarded to current or entering, academically outstanding doctoral degree students who self-identify as trans or non-binary and who are pursuing research in any field, including creative or performative activity. Preference will be given to students who demonstrate financial need.

In addition to this form please submit the following items to the Faculty of Graduate Studies, c/o Yvonne Rondeau, 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. Complete financial need assessment form (see below)
5. An optional 250-word personal statement
6. New/entering students must also submit unofficial or administrative transcripts

The deadline to submit your complete application package is **Friday March 31, 2017**.

The successful candidates will be selected by a committee under the direction of the Chair in Transgender Studies, and the award payment will be administered in confidence in two installments 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 Yvonne Rondeau, Scholarship Officer in the Faculty of Graduate Studies, University Centre A207. For questions or assistance contact Yvonne 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>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>Educational Resources</b>	
Savings:	\$
Awards (Scholarship & Bursaries):	\$
Student Loans/Grants (estimate if not sure)	\$
Parental Contribution Lump Sum:	\$
<b>Total Educational Resources:</b>	\$
<b>Monthly Income</b>	
Employment income full- or part-time work:	\$
Social Assistance:	\$
Workers Compensation:	\$
Sponsorships:	\$
Orphan's Benefits/ CPP:	\$
Parental Contribution Monthly:	\$
Spouse's Income:	\$
Child Care Subsidy:	\$
Other:	\$
<b>Total Monthly Income:</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:** \_\_\_\_\_