



**APPLICATION FORM**

**LEI & DI MEDICAL PHYSICS GRADUATE SCHOLARSHIP**

A scholarship of \$1,000 is awarded to a graduate student in the Medical Physics Program. Preference is given to a Medical Physics Certificate Program student. If no applicants meet these criteria, the award will be given to a graduate student in the Department of Physics and Astronomy. Applicants must have demonstrated financial need. Approval of the recipient will be made by the Faculty of Graduate Studies, Graduate Awards Committee. Applications must be submitted to the Dean's Office, Faculty of Graduate Studies no later than July 31.

PERSONAL INFORMATION		
Name:		
Mailing Address:		
Email:		
Student No.		
EDUCATION INFORMATION		
Department:	Degree:	Year:
UNIQUE SCHOLARSHIP CRITERIA		
1. As per the terms of this scholarship preference will be given to a Medical Physics Certificate Program student. Please indicate whether or not you meet this criteria: <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Applicants must also show evidence of financial need; please complete the General Financial Need Assessment (page 2) and submit with your completed application form.		

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

\_\_\_\_\_  
*Date*

*Please return this signed form to the Office of the Dean of Graduate Studies, University Centre, Room A207, by July 31, attention to Scholarship Officer. You may also email your application to [fgsschol@uvic.ca](mailto:fgsschol@uvic.ca). Award selection will be made in the fall for successful recipients.*

## 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:** \_\_\_\_\_