

Application for Post Doctoral Fellow Support Fund

Surname

FINANCIAL INFORMATION:

Enter your estimated expenses and resources below. *Note: McMaster University reserves the right to request any invoices or copies of official or legal documentation in connection with this application.*

My Postdoctoral Fellowship period begins: ___/___/___ (dd/mm/yyyy)

and ends: ___/___/___ (dd/mm/yyyy). My annualized salary \$ _____

Estimated Expenses (Monthly)

Residence / Rent / Mortgage \$ _____

Groceries /Food \$ _____

Phone / Cable / Internet \$ _____

Utilities (*hydro, heat, etc*) \$ _____

Entertainment & Personal Care \$ _____

Uninsured medical/dental/optical \$ _____

Child care (*unsubsidized amount*) \$ _____

Transportation \$ _____

Other _____ \$ _____

\$ _____

TOTAL EXPENSES TOTAL RESOURCE

\$ _____

Estimated Resources (Monthly)

Monthly Income
(*net income after tax/deductions*) \$ _____

Parental/Spousal Contribution \$ _____

Child Care Bursary \$ _____

Other _____ \$ _____

The information gathered on this form is collected under the authority of the *McMaster University Act, 1976*. The information is used for the academic, administrative, financial and statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni relations; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and is being collected pursuant to section 39(2) and section 42 of the *Freedom of Information and Protection of Privacy Act* of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the Assistant Dean, Graduate Student Life and Research Training, Gilmour Hall 212, McMaster University.

Applicant Declaration

I declare that I have provided true and correct information on this bursary application. I understand that providing incorrect or fraudulent information, either on this application, or in support of this application, may prevent me accessing bursary assistance now or in the future and may also result in the bursary decision being rescinded and disciplinary action being taken. I understand that McMaster University reserves the right to audit and verify the information provided on this application.

Applicant Signature:

Date: