

SOCIETY OF GRADUATE STUDENTS IN MUSIC FOOD FUND APPLICATION FORM

Please complete and submit to the Chair of SOGSIM



CONTACT INFORMATION

Name: _____

UWO Email: _____@uwo.ca

Date: _____

HOUSEHOLD INFORMATION

Are you an International Student?	Y	N
Do you hold a TA/RA Position?	Y Full-TA	Y Half-TA N
Do you have a domestic Partner (Please Circle)?	Y	N
If yes, are they employed and do you share resources?	Y	N
Do you have children?	Y	N
If yes, how many? _____		

HOUSEHOLD EXPENSES

Please include all expenses (for example, Tuition Fees/Other school costs, Rent/Mortgage, Utilities, Groceries, Childcare Expenses, Transportation, etc.)

Total household annual expenses? \$ _____

HOUSEHOLD INCOME

Please indicate the total of all sources of income for all dependents in the household (Scholarships, Loans, Subsidies, Partner's Salary, Bursaries, etc.)

Total annual income received for the household \$ _____

OTHER RESOURCES

Have you explored/exhausted other resources?		
PSAC610/SOGS Programs?	Y	N
London Food Bank?	Y	N

APPLICATION HISTORY

Have you applied for the SOGSIM Food Fund Before?	Y	N
Were you successful?	Y	N

FURTHER JUSTIFICATION

To the extent that you are comfortable, please describe why you are a member in need of support. Please do not sign your name.

VERIFICATION

I declare that all of the information disclosed above is true and complete to the best of my ability.

Y

N

To be completed by reviewers

RESULT

Unable to Fund at this time

Fund