**Application Form**

Name:

Student ID:

**Incoming resources expected during academic year (Sept. – August)\*:**

|  |  |
| --- | --- |
| Employment Income |  |
| External Support (e.g. family/partner/friend) |  |
| Tax Benefits |  |
| Student Loans/Grants |  |
| Line of Credit |  |
| Scholarships, Awards, Bursaries |  |
| Other [Include text entry box for description] |  |
| Total |  |

**Outgoing expenses expected during academic year (Sept. –August)\*:**

|  |  |
| --- | --- |
| Housing |  |
| Utilities |  |
| Phone/Cable/Internet |  |
| Food and Health |  |
| Transportation |  |
| Dependent Care |  |
| Expected tuition |  |
| Mandatory fees |  |
| Books/resources |  |
| Other (e.g. healthcare costs not covered by insurance, previous student loan payments, etc.)  [Include text entry box for description] |  |
| Total |  |

*\*Please note that you may be asked to provide documentation to support these declarations at a future date.*

How many courses are you planning to enroll in for 2023-2024?

Do you self-identify as a member of an equity-seeking group or community under-represented in professional graduate studies? If so, please describe how this identity has impacted your educational journey and your professional plans and/ or aspirations. How would completing this program help advance those plans and/ or aspirations? (Max. 500 words)

* I confirm that the information provided is true and complete.
* In order to determine my eligibility for this award, I authorize the Precision Health program to release pertinent information from my application to relevant University of Calgary offices.
* I understand the information provided is subject to audit.
* I understand that if I receive this award, the amount will be disclosed to relevant University of Calgary offices.

I have read and agree to the declaration above and hereby apply for the Precision Health Program Award.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature

*This information is collected under the authority of the Freedom of Information and Protection of Privacy Act and Taxation Act. It is required to determine your eligibility for awards and will be disclosed to relevant academic and administrative units of the University of Calgary. If you have any questions about the collection or use of this information, please contact Precision Health [Insert contact number or email here].*