



Registered Nurses' Foundation of Ontario
Internationally Educated Nurses Fund
Financial Need Form

The form should be completed when applying for the RBC Foundation Internationally Educated Nurses Fund. **Ensure appropriate boxes are checked.**
 Enter zero if the field is not applicable.

Name of applicant: _____

Are you supporting dependants (children, ageing parents etc.)? Yes _____ No _____

If yes, how many _____

Educational Expenses Per Semester	Amount	Study Period Resources	Amount
Tuition fees	\$	Savings at start of semester (include any funds used for paying tuition fees and other school expenses)	\$
Books and related supplies	\$	Employment income during academic year	\$
Accommodation costs (check one box only). <input type="checkbox"/> Away from home with shared rent. Report your share only. <input type="checkbox"/> Away from home on own. <input type="checkbox"/> Living with family/relatives.	\$	Government student assistance - OSAP/Out of Province/International (total loans/bursaries, OSAP Tuition Bursary, Canada Millennium Scholarships, Aiming for the Top, Merit or Entrance Scholarships, etc.) Specify which one(s) _____ _____ _____	\$
Food (check one box only) <input type="checkbox"/> Living away from home. <input type="checkbox"/> Living with family/relatives.	\$	Bank Line of Credit or Credit Cards Funds available or funds used to pay for current year tuition, other educational or living expenses through a Bank Line of Credit or Credit Cards	\$
Utilities, phone, cable & internet costs (check one box only) <input type="checkbox"/> Living away from home . <input type="checkbox"/> Living with family/relatives.	\$	Other forms of government assistance (Social Services, Orphan/Disability pensions, allowances, etc.) Specify which one(s) _____ _____	\$
Personal/miscellaneous - includes clothing, personal medication, prescription glasses and dental work not covered by private medical/dental insurance.	\$	All money/cash/gifts/monthly allowances and/or loans received from parents, spouse/partner or other persons. Include any funds used to pay for tuition fees, books, etc.	\$
Costs of providing care for dependants while attending classes	\$		
Transportation to and from classes only, whether driving or using public transit. Do not include trips home.	\$	All other sources of income received Check one: <input type="checkbox"/> Other Scholarships/Awards/Bursaries <input type="checkbox"/> Educational Scholarship <input type="checkbox"/> Other income (investment dividends, insurance benefits, income tax rebate, etc.)	\$
Total Educational Expenses (A)	\$	Total Resources (B)	\$
To calculate unmet need: Subtract Total Expenses (A) from Total Resources (B)	Unmet Need \$		

Applicant's signature _____ Date _____