



**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.) <b>Specify which one(s)</b> _____ _____ _____	\$
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 <b>or</b> 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.) <b>Specify which one(s)</b> _____ _____ _____	\$
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. <b>Do not include trips home.</b>	\$	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.)	\$
<b>Total Educational Expenses (A)</b>	\$	<b>Total Resources (B)</b>	\$
<b>To calculate unmet need:</b> Subtract Total Expenses (A) from Total Resources (B)	<b>Unmet Need \$</b>		

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_