



Orillia Manufacturers Association
71 – 15th Line South
Oro-Medonte, Ontario
L3V 8H9
Attention: Stephanie Stanton

OMA Skilled Trade Scholarship Budget

Please note that applicants are required to submit this document along with the application form, consent form and required supporting documents in order to be eligible for the award.

5. Complete the following budget:

INCOME AND RESOURCES:

Total of all savings at the beginning of your study period, before paying for any educational costs \$_____

Academic Awards, scholarships, bursaries (**Specify type or source** _____) \$_____

Your net income from part-time work during study period \$_____ per month X _____ months \$_____

Spouses net income during your study period \$_____ per month X _____ months \$_____

Government benefits (specify source e.g. E.I., WSIB, ODSP, CPP etc.)
\$_____ per month X _____ months \$_____

Child Tax Benefit \$_____ per month X _____ months \$_____

GST \$_____ quarterly X _____ pmts. \$_____

Any other income or financial assistance (specify source i.e. child support, alimony, rental income, financial support from parents, relatives etc.) \$_____

Amount of OSAP or Line of Credit limit for your study period \$_____

Total Income and Resources \$_____



Orillia Manufacturers Association
71 – 15th Line South
Oro-Medonte, Ontario
L3V 8H9
Attention: Stephanie Stanton

OMA Skilled Trade Scholarship Budget

EXPENSES:

Tuition and compulsory fees for your study period \$ _____

Books and Supplies \$ _____

Rent \$ _____ per month X _____ months \$ _____

Food, household and personal \$ _____ per month X _____ months \$ _____

Utilities (natural gas, electricity, water etc.) \$ _____ per month X _____ months \$ _____

Telephone, cable & internet \$ _____ per month X _____ months \$ _____

Local travel (gas, bus pass) \$ _____ per month X _____ months \$ _____

Child care costs you have to pay for children 11 years of age or younger
\$ _____ per month X _____ months \$ _____

Other expense (please specify)

_____ \$ _____ per month X _____ months \$ _____

_____ \$ _____ per month X _____ months \$ _____

_____ \$ _____ per month X _____ months \$ _____

Total Expenses \$ _____

Total Income and Resources \$ _____

Less Total Expenses \$ _____

Financial Need Total **\$ _____**



Orillia Manufacturers Association
71 – 15th Line South
Oro-Medonte, Ontario
L3V 8H9
Attention: Stephanie Stanton

Applicant's Consent To Release Information

Pursuant to section 39(2) of the Freedom of Information and Protection Act,

I, _____, hereby consent to:

- a) The use of personal information such as name, program and institution obtained by the Orillia Manufacturers Association pertaining to my application for this award/scholarship. Includes the use of thank you letters.
- b) The use of any photograph, taken by Orillia Manufacturers Association Personnel which contains me in it.
- c) The requisition and provision of any information held by Orillia Manufacturers Association relating to my application, including but not limited to personal evaluations and transcripts to the award donor or selection committee.

I understand that if I am the recipient of this award, my name, program, institution and the name of the award may be used for promotional purposes which includes Orillia Manufacturers Association publications, broadcasts, and advertising, and/or use by the media in connection with the printing or broadcast of Orillia Manufacturers Association related publicity.

I also hereby make an application for an award, and I declare that the information of this form is complete and true to the best of my knowledge and belief. I understand Orillia Manufacturers Association reserves the right to refuse assistance to any applicant who has knowingly made false statements on his/her application or is not in good academic standing when they are to receive the monies.

Date: _____

Signature: _____