



PSAC Local 555  
University of Ontario Institute of Technology  
2000 Simcoe St. North  
Oshawa, ON L1H 7K4  
ERC 1085

email: [Office@PSAC555.ca](mailto:Office@PSAC555.ca), phone: (905)721-8668 ext. 5418

## Post Doctoral Fellow Fund Application Form

### Instructions

Please refer to the Post Doctoral Fellow Fund Policy for details of eligibility, requirements, and assessment procedures.

The Post Doctoral Fund exists to provide assistance to PSAC Local 555 international academic workers who have to pay for VISAs, work permits and UHIP Costs. The fund is structured to meet the needs of members who have financial demands, from working at Ontario Tech U. Please complete this form, attach supporting documentation (i.e. receipts of expenses), and submit it to [Office@PSAC555.ca](mailto:Office@PSAC555.ca) for consideration. Applicants remain anonymous during the evaluation procedure. Submissions and recipients are kept confidential.

Note that funding can only be granted to members who have incurred expenses which can be proven at the time of application; future expenses are not covered.

### Contact Information:

Name:

UOIT email:

Department:

### Address:

Street number and name:

City, Province:

Postal Code:

### *For office use only*

ID:

Date received:

Initials:

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ID:

Date received:

Initials:

## **Financial Information**

*Please provide your total income for each category for the last 12 months.*

Postdoc/Sessional income:

\$

Private/Public funding received:

\$

Supervisor funding received:

\$

Personal income from employment outside Ontario Tech U (if applicable):

\$

TOTAL HOUSEHOLD INCOME (Gross):

\$

*Please provide your total expenses for each category for the last 12 months.*

Rent/mortgages and household utilities:

\$

Groceries and food-related expenses:

\$

Transportation:

\$

Childcare:

\$

Tuition fees (including ancillary fees):

\$

Other expenses (loan repayments, etc.):

\$

TOTAL EXPENSES:

\$

*If you would like to clarify the financial information declared above (for example, if your total expenses exceed your total income), please provide an explanation on the following page.*

*For office use only*

ID:

Date received:

Initials:

## **Post Doctoral Fellow Fund Request Details**

*Ensure that all supporting documentation (bills/receipts) are attached.*

Use the space below to provide any additional information that you believe qualifies you for financial assistance. You may attach an additional sheet if required. Please do not state your name or other information that will readily identify you.

**I hereby certify that the information provided in this application is complete and accurate.**

Signature:

Date: