

## **Student Intake Form**

This intake form enables AA Grant Consulting Inc. to verify your post-secondary academic standing, research alignment, advisor support, and immediate financial need before we dedicate resources to sourcing funding opportunities and initiating the grant application process; additionally, the following section introduces the common prompts and financial questions you will encounter on official aid applications.

| <b>Personal Profile</b>                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| First & Last Name                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Email Address                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Student Email (if available)                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Phone Number                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| What is your legal status in Canada?                                               | <input type="checkbox"/> Canadian Citizen<br><input type="checkbox"/> U.S. Citizen<br><input type="checkbox"/> Permanent Resident<br><input type="checkbox"/> Protected Person/Refugee Status<br><input type="checkbox"/> International Student<br><input type="checkbox"/> Not Listed: _____                                                                                                                                        |
| What is your primary city/country of residence for the past 12 consecutive months? |                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Do you self-identify with any equity-deserving groups?                             | <input type="checkbox"/> Black<br><input type="checkbox"/> Indigenous (e.g., First Nation, Métis, Inuit, Native American, etc.)<br><input type="checkbox"/> First generation (Neither parent completed post-secondary)<br><input type="checkbox"/> Immigrant<br><input type="checkbox"/> Person of colour<br><input type="checkbox"/> Person with a disability<br><input type="checkbox"/> Refugee<br><input type="checkbox"/> Women |

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|                                                                                                                        | <input type="checkbox"/> Senior (65+)<br><input type="checkbox"/> Single parent<br><input type="checkbox"/> 2SLGBTQIAP+<br><input type="checkbox"/> No<br><input type="checkbox"/> Not Listed: _____                                                                                                                                                                                                                |
| <b>Academic Status</b>                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Name of Academic Institute                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Are you a 1st-year/incoming student?                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Have you received an acceptance letter?                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Student ID Number (if assigned)                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                     |
| What program are you enrolled in?                                                                                      | <input type="checkbox"/> Undergraduate<br><input type="checkbox"/> Graduate<br><input type="checkbox"/> Doctoral<br><input type="checkbox"/> Post-doctoral                                                                                                                                                                                                                                                          |
| Intake Date (start date of first semester/term)                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Faculty                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Department                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Field of Study / Degree Program                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Will you be enrolled in full-time or part-time studies for the upcoming semester/term and the duration of your program | <p>Upcoming semester/term</p> <input type="checkbox"/> Full-time (Over 9 credits/term OR 3 classes/term)<br><input type="checkbox"/> Part-time (Under 6 credits/term OR 2 classes/term)<br><br><p>Program duration</p> <input type="checkbox"/> Full-time (Over 9 credits/term OR 3 classes/term)<br><input type="checkbox"/> Part-time (Under 6 credits/term OR 2 classes/term)<br><input type="checkbox"/> Unsure |
| <b>Financial Need &amp; Economic Verification</b>                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                     |

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| <p>Have you already secured any external funding? (if yes, please indicate the type of funding and amount)</p>                                                | <p> <input type="checkbox"/> Band funding<br/> <input type="checkbox"/> Employer sponsorship<br/> <input type="checkbox"/> Third-party scholarships<br/> <input type="checkbox"/> Registered Education Savings Plan (RESP) </p> <p>Amount (\$): _____</p>                                                                                                                                             |
| <p>What is your estimated net financial gap for the upcoming semester/term? (please select all that apply)</p>                                                | <p> <input type="checkbox"/> Tuition<br/> <input type="checkbox"/> Compulsory student services fee<br/> <input type="checkbox"/> Living expenses<br/> <input type="checkbox"/> Not Listed: _____ </p>                                                                                                                                                                                                 |
| <p>Are you interested in on-campus employment options? (e.g., Work-study program)</p>                                                                         | <p> <input type="checkbox"/> Yes<br/> <input type="checkbox"/> No<br/> <input type="checkbox"/> Maybe </p>                                                                                                                                                                                                                                                                                            |
| <p>What was your parents' (if dependent) or spouse's (if independent) net income from their latest Canadian tax return (Notice of Assessment line 15000)?</p> | <p> <input type="checkbox"/> Parent: \$ _____<br/> <input type="checkbox"/> Spouse: \$ _____<br/> <input type="checkbox"/> Not applicable </p>                                                                                                                                                                                                                                                        |
| <p>What is your estimated income from all personal sources during the upcoming semester/term, if any?</p>                                                     | <p> <input type="checkbox"/> Job<br/> <input type="checkbox"/> Credit card<br/> <input type="checkbox"/> Line of credit<br/> <input type="checkbox"/> Investments<br/> <input type="checkbox"/> Grants<br/> <input type="checkbox"/> Savings<br/> <input type="checkbox"/> Trust Fund / Inheritance<br/> <input type="checkbox"/> Not applicable<br/> <input type="checkbox"/> Not listed: _____ </p> |
| <p>What is the monetary (\$) value of your savings, stocks, TFSA/RRSP, balances, or vehicle (if applicable)</p>                                               | <p> <input type="checkbox"/> Savings: \$ _____<br/> <input type="checkbox"/> Stocks: \$ _____<br/> <input type="checkbox"/> TFSA/RRSP: \$ _____<br/> <input type="checkbox"/> Balances: \$ _____ </p>                                                                                                                                                                                                 |

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|                                                                                                                                                                               | <input type="checkbox"/> Vehicle: \$ _____<br><input type="checkbox"/> Not applicable<br><input type="checkbox"/> Not listed: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Living Arrangements</b>                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <p>Where will you be living for the upcoming semester/term and the duration of your program? (please select all that apply)</p>                                               | <p>Upcoming semester</p> <p> <input type="checkbox"/> On-campus residence<br/> <input type="checkbox"/> Rent off-campus in general Toronto area<br/> <input type="checkbox"/> Rent off-campus out of the general Toronto area<br/> <input type="checkbox"/> Living at home with parents<br/> <input type="checkbox"/> Living with spouse (renting)<br/> <input type="checkbox"/> Living with spouse (owned)<br/> <input type="checkbox"/> Not listed: _____         </p> <p>Program duration</p> <p> <input type="checkbox"/> On-campus residence<br/> <input type="checkbox"/> Rent off-campus in general Toronto area<br/> <input type="checkbox"/> Rent off-campus out of the general Toronto area<br/> <input type="checkbox"/> Living at home with parents<br/> <input type="checkbox"/> Living with spouse (renting)<br/> <input type="checkbox"/> Living with spouse (owned)<br/> <input type="checkbox"/> Unsure<br/> <input type="checkbox"/> Not listed: _____         </p> |
| <p>List your projected costs of textbooks, local transit/commuting to the Keele or Glendon campus, housing, and childcare for the upcoming semester/term (if applicable)?</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

| Financial Need Statement                                                                                                                                            |  |
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| <p>Please explain your current financial situation and why existing financial resources are insufficient to cover your educational costs for the upcoming term.</p> |  |
| Community Leadership & Extracurriculars (For Bursaries & Financial Awards)                                                                                          |  |
| <p>Please describe your leadership, community involvement, or resilience in overcoming personal or systemic obstacles.</p>                                          |  |

| Career Alignment (For Bursaries & Financial Awards)                                                                           |  |
|-------------------------------------------------------------------------------------------------------------------------------|--|
| <p>Please describe how studying at [name of academic institute] will support your long-term educational and career goals?</p> |  |

## Student/Post-Secondary Research Funding

| Faculty & Research Alignment                                                   |                                                                                                 |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Faculty Advisor / Supervisor Name & Department                                 |                                                                                                 |
| Has your supervisor agreed to support this application/project?                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Pending |
| Project & Funding Details                                                      |                                                                                                 |
| Project Title                                                                  |                                                                                                 |
| Brief Description of Research Project or Intended Use of Funds (200 words max) |                                                                                                 |
| Estimated Project Start Date                                                   |                                                                                                 |
| Estimated Project End Date                                                     |                                                                                                 |
| Total Funding Required                                                         |                                                                                                 |
| Target Award Amount                                                            |                                                                                                 |
| Key Application Deadlines (List upcoming dates)                                | 1) _____<br>2) _____<br>3) _____                                                                |

|                                                                                                                |                                                                                                                                                                                                                                                                             |
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| <p>Are you currently receiving other funding support? (e.g., TA/RA stipends, fellowships, external awards)</p> | <p> <input type="checkbox"/> TA/RA<br/> <input type="checkbox"/> Stipends<br/> <input type="checkbox"/> Fellowships<br/> <input type="checkbox"/> External awards<br/> <input type="checkbox"/> Not applicable<br/> <input type="checkbox"/> Not Listed: _____         </p> |
| <p>Additional information (Optional)</p>                                                                       |                                                                                                                                                                                                                                                                             |