



## Department of Chemistry

### OSOTF/GSEF Awards:

University of Toronto

80 St. George Street, Toronto, Ontario M5S 3H6

#### Section 1

Name:		Expected Completion Date (month/year):	
Previous OSOTF/GSEF Award(s)		Academic Year(s):	
1)			
2)			
3)			
4)			

#### Section 2: Name of the OSOTF/GSEF award(s) that you are applying for:

OSOTF	GSEF
1)	1)
2)	2)
3)	3)
4)	4)
5)	5)
6)	
7)	

#### Section 3: Special Cases

Provide additional information to the committee about **extenuating circumstances** (for example, **emergency medical or dental treatment, travel required for a family emergency, etc.**) Please outline below or attach a brief letter. You may include supplemental documentation such as receipts, bank statements, etc.

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I understand I may be required to supply official documentation. (*initials*) \_\_\_\_\_

This information will be used by the committee to establish financial need for the purpose of OSOTF awards. It will be held in confidence for presentation to external auditors from the Government of Ontario.