

SCHULICH SCHOLARSHIP SUPPLEMENTAL APPLICATION  
2025-2026  
Deadline: October 31, 2025

To be completed in addition to the on-line Financial Assistance Application

Applicant’s Information

Last Name	First Name	Western Student #
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married/common-law <input type="checkbox"/> Sole-support parent	Are you applying to/in the MD/PhD program? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Number of immediate family members (parents and siblings) who live in your Parental home, including yourself (even if you do not live at home):	From the number of immediate family members (parents and siblings) who live/do not live in your parental home - How many are attending postsecondary studies this academic year, including yourself ? :
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Parental Income Information (Required for all applicants – regardless of the number of years out of high school).

What is the marital status of your parents? (**circle one**): married/common-law, divorced, separated, single, widow/widower.

**\*For the income sections:** If a parent is retired, for the occupation field enter retired and in brackets include the occupation prior to retirement. If parent(s)/partner lives/works abroad: Estimate the annual income and enter in Gross income in Canadian dollars. For the other fields (EI, CPP and Income tax payable enter \$0).

2024

<b>Mother/step-mother/guardian</b>  <b>Occupation:</b> _____  <b>Self Employed:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Father/step-father/guardian</b>  <b>Occupation:</b> -----  <b>Self Employed:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Spouse/Common-law/partner</b>  <b>Occupation:</b> -----  <b>Self Employed:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
Mother’s Gross Income (Line 15000 of Income Tax Return) :	Father’s Gross Income (Line 15000 of Income Tax Return) :	Spouse’s Gross Income (Line 15000 of Income Tax Return) :
Mother’s EI Premiums (Line 31200 of Income Tax Return):	Father’s EI Premiums (Line 31200 of Income Tax Return):	Spouse’s EI Premiums (Line 31200 of Income Tax Return):
Mother’s CPP Contributions (Line 308 & 310 of Income Tax Return):	Father’s CPP Contributions (Line 308 & 310 of Income Tax Return):	Spouse’s CPP Contributions (Line 308 & 310 of Income Tax Return):
Mother’s Income Tax Payable (Line 43500 of Income Tax Return):	Father’s Income Tax Payable (Line 43500 of Income Tax Return):	Spouse’s Income Tax Payable (Line 43500 of Income Tax Return):

2023 REQUIRED

<b>Mother/step-mother/guardian</b>  <b>Occupation:</b> _____  <b>Self Employed:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Father/step-father/guardian</b>  <b>Occupation:</b> _____  <b>Self Employed:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Spouse/Common-law/partner</b>  <b>Occupation:</b> _____  <b>Self Employed:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
Mother’s Gross Income (Line 15000 of Income Tax Return) :	Father’s Gross Income (Line 15000 of Income Tax Return) :	Spouse’s Gross Income (Line 15000 of Income Tax Return) :
Mother’s EI Premiums (Line 31200 of Income Tax Return):	Father’s EI Premiums (Line 31200 of Income Tax Return):	Spouse’s EI Premiums (Line 31200 of Income Tax Return):
Mother’s CPP Contributions (Line 30800 & 31000 of Income Tax Return):	Father’s CPP Contributions (Line 30800 & 31000 of Income Tax Return):	Spouse’s CPP Contributions (Line 30800 & 31000 of Income Tax Return):
Mother’s Income Tax Payable (Line 43500 of Income Tax Return):	Father’s Income Tax Payable (Line 43500 of Income Tax Return):	Spouse’s Income Tax Payable (Line 43500 of Income Tax Return):

**Self- Employment:** If a parent or spouse was self-employed in any of the years requested above, we will require a copy of the business statement that relates to that particular taxation year. Please be prepared to submit if requested.

**Documentation of Parental / Spousal Income:** Copies of your parent / spouse’s personal income tax return T1 General (4pages) and Notice of Assessment may be requested. We will contact you if we require this documentation.

Asset Information (Required for all applicants)

RRSP’s (at October 2025). **If not applicable – enter \$0.**

Student \$	Parents (combined) \$	Spouse \$
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RESP’s (at October 2025). **If not applicable – enter \$0**

Student Total value \$	Spouse Total value \$
From the total amount – What amount was used towards this 2025/2026 academic year \$	From the total amount – What amount was used towards 2025/2026 academic year \$

**Non-Registered Investments (Held OUTSIDE RRSPs):** Applicant, Spouse and Parent totals – As of October 2025. **(If not applicable – enter \$0)**

Mutual Funds (estimated FMV at October 2025): Parents: Student: Spouse:	GICs (at October 2025): Parents: Student: Spouse:	Total Bank Account Balances ( at October 2025): Parents: Student: Spouse:
Term Deposits (at October 2025): Parents: Student: Spouse:	Stocks (estimated FMV at October 2025): Parents: Student: Spouse:	Bonds – October 2025: Parents: Student: Spouse:
Total Value of Investments Held Outside Canada: Parents:                  Student:                  Spouse:		Other (in or out of Canada): Parents:                  Student:                  Spouse:

Do you/parents/spouse/partner hold financial interests (shares) in private businesses/corporations?

Yes ☐                  No ☐

Real Estate (Attach an additional sheet if required) – Parents

<b>Parental Primary Residence</b> Address:	<b>Rental/Recreational/Other Property</b> Type: Address:	<b>Rental/Recreational/Other Property</b> Type: Address:
Market Value (from latest Property Notice of Assessment):	Market Value (from latest Property Notice of Assessment):	Market Value (from latest Property Notice of Assessment):
Mortgage Owing (as of October 2025):	Mortgage Owing (as of October 2025):	Mortgage Owing (as of October 2025):
<input type="checkbox"/> *The market value and mortgage <b>not</b> applicable. Renting.		

Real Estate (Attach an additional sheet if required) – Applicant

- If personal primary residence is the same as parental primary residence, answer to: ‘Do you own this property?’ would be NO. Information about mortgage would be applicable if property/ mortgage is under **your** name (or spouse/partner’s name).

Address of personal primary residence:	Do you own this property? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, year when property was purchased _____	If yes (to ‘do you own this property?’ question), current market value (from latest Property Notice of Assessment):  \$	Mortgage Owing (as of October 2025): \$
	If address is different from parental primary residence – Does a family member/relative own this property?  Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you rent this property? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you own any other property? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide address, current market value and mortgage owing: \$	

Vehicle (s):

Are you registered as a primary driver on any vehicle insurance plan? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate make and model: _____  Current market value: \$ _____	Do you own this vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>  If yes:  Year purchased: _____  Do you own any other vehicle (s)? Yes <input type="checkbox"/> No <input type="checkbox"/>
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**Real Estate** – latest property notice of assessment (s) (not tax bill). We may request a copy of property assessment.

STATEMENT COMPONENT (Please attach statement to this application)

The intention of the Schulich Scholarship is to assist students with financial need attend medical school. **Please describe in a 500-1000** word statement why you feel that you/your family satisfy the financial need criteria including any circumstances you wish considered and attach to your completed application.  
\*\*\* Also, include in your statement how you have managed debt, previous educational costs (tuition etc).

SUMMER ACTIVITY COMPONENT

Please describe how you spent your summer and whether you were able to accumulate any summer savings to help fund your education.

Summer 2025

**EDUCATIONAL DEBT INFORMATION** (Excluding amounts for this current 2025/2026 academic year):

During your post-secondary education, have you applied for student loans (OSAP, Out-of-Province)?  
Yes ☐ No ☐

During your post-secondary education, have you applied for a line of credit/bank loan?

Yes ☐ No ☐

What amount of student loans (OSAP, Out-of-Province) have you borrowed to date?

\$ \_\_\_\_\_

What amount of line of credit/bank loan have you borrowed to date?

\$ \_\_\_\_\_

What is the outstanding balance (**portion not yet repaid**) on the following:

Student loans (OSAP/Out-of-Province) \$ \_\_\_\_\_

Line of credit/bank loans \$ \_\_\_\_\_

Have you made payments on a previous student loan or repaid your students loans in full? If yes, please explain how you were able to make the payments. Where did the funds come from?

If you have never received/or applied for student loans and/or line of credit/bank loan, please explain how you were able to meet your educational costs (tuition, books including living expenses).

SUPPLEMENTARY STATEMENT (OPTIONAL)

Is there anything that is not covered on the application that you would like us to know? If yes, please attach an additional statement to your application.

I understand that if any information is found to be untrue or inaccurate, this application may be considered cancelled and any money received as a result will have to be returned. If additional financial resources (eg. sponsorships, external awards/scholarships, service medical agreements, military funding, family estates, property) become available **after** this application is signed/submitted, you must disclose the information to our office during the application process and if you are a successful recipient of this scholarship.

\_\_\_\_\_
Date

\_\_\_\_\_
Signature

The information on this form is collected under the authority of the University of Western Ontario Act, 1982, as amended, and is needed to process your application, and decide your eligibility for the Schulich Scholarship. Registrarial Services may disclose to the award donor, who may use your information in publications associated with the bursary/award, and share with the appropriate Faculty, Department(s), and School(s) the following student personal information: name, address, biographical data, faculty, academic programs, and any other information that confirms criteria to the donor of the bursary or award. If you have any questions or concerns about the collection, uses, and disclosure of this information by the

University, please contact the Training and Security Team Leader, Registrarial Services, Western Student Services Building, Room 1120, The University of Western Ontario, London, ON, N6A 5B8, Tel: 519-661-2111, extension 84863.

### **INFORMATION ABOUT THE SCHULICH SCHOLARSHIPS:**

VALUE: \$100,800 (\$33,600 per year continuing for up to 3 years)

RENEWAL CRITERIA: Progress in program and continue to demonstrate financial need every year.

### **CHECKLIST FOR APPLICATION**

- 1) You have submitted the on-line Financial Assistance Application
- 2) You have completed this supplemental form
- 3) You have attached the statement component 500-1000 word statement

**DEADLINE DATE: October 31, 2025**

Please provide your contact information should our office need to contact you regarding your Schulich Scholarship application:

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

### **QUESTIONS:**

Norma Merino  
nmerino@uwo.ca

**Submit complete application online via The DocDrop at:**  
**<https://studentservices.uwo.ca/secure/oneexperience/docdrop>**