

# INTERNATIONAL CONFIDENTIAL FINANCIAL STATEMENT

## St. George's University School of Medicine

The Confidential Financial Statement (CFS) is designed to gather information from international students who are applying for assistance from SGU. SGU can only consider applications for assistance prior to enrollment in the 4 year MD program.

Please complete each section of the Financial Statement and submit to [admissions@sgu.edu](mailto:admissions@sgu.edu)

It is important to complete all sections and indicate N/A in any sections that do not apply

Include your Student Id with all correspondences

| Student Information   |  |  |   |   |
|---|--|--|---|---|
| Last Name   |  | First Name                                       |   | Student ID (A0#)  |
| Province  |  | When do you expect to begin your studies at SGU? |   |   |
| Your Permanent Address  |  |  |   |   |
| Your Mailing Address  |  |  |   |   |
| Country(ies) of Citizenship   |  |  |   |   |
| Country(ies) of Permanent Residence   |  |  |   |   |
| Student's Marital Status  | Single <input type="checkbox"/>        | Married <input type="checkbox"/>                 | Domestic Partnership <input type="checkbox"/> |   |
| Parental Information  |  |  |   |   |
| What is your parent's current marital status?   |  |  |   |   |
| Parent's Name   |  | Parent's Name                                    |   |   |
| Address   |  | Address  |   |   |
| Occupation/Title  |  | Occupation/Title                                 |   |   |
| Employed <input type="checkbox"/>   | Self Employed <input type="checkbox"/> | Retired <input type="checkbox"/>                 | Employed <input type="checkbox"/>             | Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> |
| How many people, including yourself, are dependent on your parents' financial support for assistance in areas such as education, living expenses, etc.? |  |  |   |   |
| Members in Household  |  |  |   |   |
| Full name of family member  | Age                                    | Relationship to you                              | Year in school                                | Amount of parental contribution USD\$                                   |
|   |  |  |   | \$  |
|   |  |  |   | \$  |
|   |  |  |   | \$  |
|   |  |  |   | \$  |
|   |  |  |   | \$  |
|   |  |  |   | \$  |
| Financial Information: Please list in U.S. Dollars (USD\$)  |  |  |   |   |
| Documentation may be required upon request.   |  |  |   |   |
| During the prior calendar year, how much household income (before taxes or expenses) came from the following sources:                                   |  |  |   |   |
| Student/Spouse Income   |  | Parent's Income                                  |   |   |
| Student's wages   | \$                                     | Father's wages                                   | \$  |   |
| Spouse's wages  | \$                                     | Mother's wages                                   | \$  |   |
| Interest & Dividend Income  | \$                                     | Interest & Dividend Income                       | \$  |   |
| Income from Business  | \$                                     | Income from Business                             | \$  |   |
| Income from Rental Property   | \$                                     | Income from Rental Property                      | \$  |   |
| Pension/Annuity/Retirement  | \$                                     | Pension/Annuity/Retirement                       | \$  |   |
| Other Income  | \$                                     | Other Income                                     | \$  |   |
| Will there be a significant increase or decrease in yours or your family's income next year?  |  |  | Yes <input type="checkbox"/>                  | No <input type="checkbox"/>   |
| If Yes, please explain:   |  |  |   |   |

**Asset Information - Student & Spouse: Please list in U.S. Dollars (USD\$)**

|  |  |   |  |
|--|--|---|--|
| Do you and/or your spouse own your own home?         | Yes <input type="checkbox"/> No <input type="checkbox"/> | Do you and/or your spouse own a business?                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Current Market Value of Home                         | \$   | Market Value of Business                                    | \$   |
| Outstanding Mortgage                                 | \$   | Type of Business  |  |
| Savings  | \$   | Investments (such as stocks and bonds)                      | \$   |
| Market Value of other real estate (other than home)* | \$   | Please describe (ex. land, vacation home, rental property)* |  |

**Asset Information – Parental: Please list in U.S. Dollars (USD\$)**

|   |  |   |  |
|---|--|---|--|
| Does your family own their home?                                      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Does your family own a business?                            | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Current Market Value of Home  | \$   | Market Value of Business                                    | \$   |
| Outstanding Mortgage  | \$   | Type of Business  |  |
| Savings   | \$   | Investments (such as stocks and bonds)                      | \$   |
| Market Value of other real estate (Do not include primary residence)* | \$   | Please describe (ex. land, vacation home, rental property)* |  |

**Expected Support for Educational Expenses: Please list in U.S. Dollars (USD\$)**

|                                | Year 1    | Year 2    | Year 3    | Year 4    |
|--------------------------------|-----------|-----------|-----------|-----------|
| Student's Savings / Assets     | \$        | \$        | \$        | \$        |
| Family Income                  | \$        | \$        | \$        | \$        |
| Family Assets                  | \$        | \$        | \$        | \$        |
| Relatives and Friends          | \$        | \$        | \$        | \$        |
| Private Scholarships (non SGU) | \$        | \$        | \$        | \$        |
| Private Sponsor                | \$        | \$        | \$        | \$        |
| Other: Please explain below    | \$        | \$        | \$        | \$        |
| <b>TOTAL</b>                   | <b>\$</b> | <b>\$</b> | <b>\$</b> | <b>\$</b> |

**Private Loans / Agency / Government Funding: Please list in U.S. Dollars (USD\$)**

Most students utilize a Private Loan from a bank to assist with their total educational expenses

|   |  |                                 |    |
|---|--|---------------------------------|----|
| Have you applied                                | Yes <input type="checkbox"/> No <input type="checkbox"/> Not Needed <input type="checkbox"/>       | What is the date of application |    |
| What bank did you apply at                      |  |                                 |    |
| Current status                                  | Pending <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> |                                 |    |
| Requested Amount                                | \$   | Approved Amount                 | \$ |
| If denied, please explain the reason for denial |  |                                 |    |

**Federal/ Provincial Funding**

|   |  |                          |    |
|---|--|--------------------------|----|
| Have you applied for agency/government funding                            | Yes <input type="checkbox"/> No <input type="checkbox"/> | What is your loan award  | \$ |
| Have you received an estimate of your award from your agency/ government? | Yes <input type="checkbox"/> No <input type="checkbox"/> | What is your grant award | \$ |

Please use this section to explain special circumstances or to provide us with any other information that would be helpful in evaluating you for scholarship/financial assistance.

I hereby certify that the information I have provided is accurate and complete to the best of my knowledge. I am aware my funding plan must include adequate funding for living expenses.

|                      |                          |
|----------------------|--------------------------|
| _____                | DATE _____               |
| Signature of Student |                          |
| _____                | DATE _____               |
| Signature of Spouse  | Name of Spouse (printed) |
| _____                | DATE _____               |
| Signature of Parent  | Name of Parent (printed) |