



# Financial Validation Form

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Fall 2017

**Instructions to the Applicant:** This form must be completed by a School Guidance Counsellor or Senior School Official at the Applicant's current educational institution.

**Instructions to the School Guidance Counsellor or Senior School Official:** As a guidance counsellor or senior school official at an applicant's current school, you are being asked to verify in writing, under your signature, the degree to which you confirm that the applicant would otherwise not be able to attend any university, anywhere in the world, including your country, without the full support of The MasterCard Foundation Scholars Program. This information will be considered in the evaluation of the applicant's candidacy for The MasterCard Foundation Scholars Program at McGill University.

Please provide responses to the questions on page two of this form.



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Indicate all financial figures in Canadian dollars (CAD). To convert currencies, please visit [www.xe.com/ucc](http://www.xe.com/ucc).

What is the monthly cost of the applicant's attendance at your school (Canadian, dollars)?			\$	CAD
What are the sources of the funding to pay for the student's attendance at your school? Please indicate the proportion and nature of costs covered by each.	Proportion of expenses paid (as a percentage of the total monthly costs)	Nature of expenses paid (ex: tuition, accommodation, books, etc)	For how long have the student's school expenses been paid using this funding source?	
• Student	_____ % of monthly costs			
• Family	_____ % of monthly costs			
• Government agency	_____ % of monthly costs			
• Individual benefactors/donors/sponsors	_____ % of monthly costs			
• Your school	_____ % of monthly costs			
• Other?	_____ % of monthly costs			

You are also asked to validate the financial information supplied by the applicant on **The MasterCard Foundation Scholars Program at McGill University Application Form**. Please see that form for details.

I, \_\_\_\_\_ (name of school counsellor or senior school official), hereby verify that the economic barriers of this applicant, \_\_\_\_\_ (name of applicant) would, without full financial support, prevent the student from attending university in Africa or anywhere else in the world.

Signature of official: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of official: \_\_\_\_\_

Name of school: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Skype: \_\_\_\_\_