McMaster University | Office of the Registrar

2026-2027 Graduate Student Income Form

First and Last Name: _____

McMaster Student Number: _____

Failure to complete your income on your OSAP application may negatively impact your eligibility for bursaries offered through the Financial Support office.

HOW TO SUBMIT YOUR COMPLETED FORM

ALL FIELDS ARE REQUIRED.

IF THERE IS NO VALUE TO ENTER FOR A FIELD, PLEASE ENTER N/A. PLEASE ALSO INCLUDE THE SOURCE FOR GOVERNMENT, OTHER SCHOLARSHIPS/BURSARIES, AND ALL OTHER INCOME.

IF ANY FIELDS ARE LEFT BLANK, YOUR FORM WILL BE DENIED.

STUDY PERIOD INCOME	**Fall Term** Sep 2026 – Dec 2026	**Winter Term** Jan 2027 – Apr 2027	**Spring/Summer Term** May 2027- Aug 2027
Government Income ***You must fill in the source; refer to page 2 for what to report***	**$** **Source:**	**$** **Source:**	**$** **Source:**
McMaster Scholarships	$	$	$
McMaster Bursaries	$	$	$
Ontario Graduate Scholarship (OGS)	$	$	$
McMaster dependent/spouse bursary	$	$	$
Other scholarships/bursaries ***You must fill in the source; refer to page 2 for what to report***	$ **Source:**	$ **Source:**	$ **Source:**
GROSS Employment Income (including TA & RA income, stipends)	$	$	$
GROSS Co-op Work Placement Income	$	$	$
All Other Income ***You must fill in the source; refer to page 2 for what to report***	$ **Source:**	$ **Source:**	$ **Source:**

Accommodation – Select the option that applies to you ***You must fill this out for each term****	**Sept 2026 – Dec 2026**	**Jan 2027 – Apr 2027**	**May 2027 – Aug 2027**
	☐ Residing with parents ☐ Not residing with parents	☐ Residing with parents ☐ Not residing with parents	☐ Residing with parents ☐ Not residing with parents

Child Care Costs (if you have dependent children under the age of 12)	**Sept 2026 – Dec 2026**	**Jan 2027 – April 2027**	**May 2027 – Aug 2027**
	$	$	$

Government income: what to report

- Employment Insurance
- Loss of Earnings Benefits (WSIB)
- Ontario Disability Support Program (ODSP)
- Ontario Works (OW)
- Canada Pension Plan (Disability Benefits, Orphans' Benefits, Survivors' Benefits, Disabled Contributors' Child's Benefits)
- Better Jobs Ontario
- Canada-Ontario Job Grant
- Government program that provides funding for costs of a postsecondary education program (e.g., the BEGIN Initiative: Bridging Educational Grant in Nursing)
- Other (e.g., Social Assistance or Disability Benefits from another province in Canada, Resettlement Assistance Program and/or Private Sponsorship Program funding, funding from Sports Canada, Quest for Gold or other Athletic Training Programs, Veterans Affairs Canada - Education and Training Benefit, Veterans Affairs Canada - Income Replacement Benefit, Canadian Armed Forces Education Benefits, etc.)

DO NOT REPORT: OSAP, RESPs, CESG, CLB, Post-Secondary Student Support Program (PSSSP), CCB, OCB, CDB, Ontario Trillium Benefit, GST/HST credit, Ready, Set, Go program income from CAS, ACSD, or foster care payments

Other scholarship/bursary: what to report

- Scholarships, bursaries, and/or awards from external organizations

DO NOT REPORT Ready, Set, Go program income from CAS, or Post-Secondary Student Support Program (PSSSP)

All Other Income: what to report

- Long-Term Disability Benefits
- Child and/or spousal support
- Rental income
- Investment income, including interest and dividends
- Wage Earner Protection Program (WEPP)

DO NOT REPORT: OSAP, RESPs, CESG, CLB, Post-Secondary Student Support Program (PSSSP), CCB, OCB, CDB, Ontario Trillium Benefit, GST/HST credit, Ready, Set, Go program income from CAS, ACSD, or foster care payments

Did you receive social assistance from Ontario Works (OW) or Ontario Disability Support Program (ODSP) in the month before your study period (Aug 2026, Jan 2027, or April 2027)?

☐ Yes ☐ No If yes, specify source: _____

DECLARATION & SIGNATURE:

I declare that I have read this form in its entirety and have given complete and true information; including all income received or to be received during each of my work and study periods from all sources including government funding assistance. Should any of the information recorded on this form change, I will promptly notify the Student Services & Financial Support Office in writing.

Please sign with BOTH your first and last names (not shortened names, first name only, or initials)

Student Signature:_____ Date: _____

Questions? Contact the Office of the Registrar