

CANADIAN FINANCIAL SUPPORT FOR THE DOCTOR OF MEDICINE PROGRAM GUIDELINES

The University understands that the Doctor of Medicine program requires substantial resources. We offer this worksheet as a personal budgeting resource. In the best interest of the student, a comprehensive financial plan is necessary in order to determine whether you have the resources necessary to complete your intended program of study. Please consider the costs associated with your intended program of study by reviewing the estimated Cost of Attendance (COA) sections below. Please note that students should not expect to support themselves through employment while attending the University.

Tuition and Fees*

2024-25 ESTIMATED COST OF ATTENDANCE (COA)

The figures listed below outline the billed expenses that all students are expected to incur throughout their Program of study. Students should review these figures carefully when determining their financial plan. Listed rates are for the Grenada campus.

| Preclinical Phase | Preclinical per year | MD Program | MD Term 1 | MD Term 2 | MD Term 3/4 | MD Term 5 | 1 Clinical Term | 5 Clinical Terms |
|---|----------------------|------------------------------|-----------------|-----------------|-----------------|-----------------|------------------|------------------|
| Tuition | \$41,716 | Tuition | \$31,446 | \$31,446 | \$43,218 | \$35,338 | \$33,998 | \$169,990 |
| Fees | \$0 | Fees | \$5,818 | \$5,818 | \$7,756 | \$5,818 | \$4,783 | \$23,915 |
| | | Malpractice (Clinical Terms) | | | | | \$360 | \$1,800 |
| | | Graduation Fee | | | | | | \$949 |
| | | Total | \$37,264 | \$37,264 | \$50,974 | \$41,156 | | \$196,654 |
| TOTAL PRECLIN PHASE TUITION PER YEAR | \$41,716 | | | | | | TOTAL MD* | \$363,312 |

*Figures based on 2024-25 rates and are subject to change. Historically, rates have increased each year and students are expected to plan accordingly. For current tuition rates please visit our SGU webpage. All figures in US dollars.

Additional Estimated Annual Living Expenses**

It is suggested that students review the remaining items in the cost of attendance below in order to assess their ability to fund their entire education. Living and travel expenses will vary amongst each individual's country of origin and lifestyle choices, however it is important to understand additional costs that may be incurred and plan for these expenses if needed.

| Preclinical Phase | Preclinical per year | MD Program | MD Term 1 | MD Term 2 | MD Term 3/4 | MD Term 5 | 1 Clinical Term | 5 Clinical Terms |
|--|----------------------|----------------------|-----------------|-----------------|-----------------|-----------------|--|------------------|
| Living expenses : | | Living expenses : | | | | | | |
| Housing | \$9,492 | Housing | \$7,102 | \$7,102 | \$9,496 | \$7,102 | \$8,022 | \$40,110 |
| Food | \$4,256 | Food | \$2,261 | \$2,394 | \$3,192 | \$2,394 | \$1,856 | \$9,280 |
| Miscellaneous | \$8,032 | Miscellaneous | \$4,267 | \$4,518 | \$6,024 | \$4,518 | \$4,016 | \$20,080 |
| Books | \$510 | Books | \$2,822 | \$657 | \$1,118 | \$1,060 | \$100 | \$500 |
| Transportation | \$3,170 | Transportation | \$1,585 | \$1,585 | \$1,585 | \$1,585 | \$1,585 | \$7,925 |
| Air Evacuation | \$205 | Air Evacuation | \$205 | \$0 | \$205 | \$0 | \$0 | \$0 |
| Medical Insurance*** | \$4,685 | Medical Insurance*** | \$4,685 | \$0 | \$4,685 | \$0 | \$4,685 | \$9,370 |
| | | Total | \$22,927 | \$16,256 | \$26,305 | \$16,659 | | \$87,265 |
| TOTAL LIVING EXPENSES PRECLIN PHASE | \$30,350 | | | | | | Est. total living expenses MD Program | \$169,412 |

**Figures based on 2024-25 estimated living expenses. The cost of living may increase each year and students are expected to plan accordingly. All figures in US dollars.

***Health Insurance coverage is mandatory to attend SGU. Students must choose to enroll into the SGU sponsored Student Health Plan or waive with Personal Health Insurance that meets the waiver criteria. The health insurance rates assume entry into August terms, prorated rates are available for entry into all other terms.

Tips for Completing your Confidential Financial Statement

- When providing financial information, please be sure to convert all figures to U.S. Dollars (USD).
- Financial Income
 - Provide income from all sources including income from outside of Canada
- Asset Information: Student & Parent
 - Please be sure to include the market value of business if applicable as well as value of all properties owned
 - List assets from all countries
- Expected Support for Educational Expenses:
 - In this section, you should include a breakdown of how much money you have from the individual sources to be applied toward your tuition, fees and various living expenses
 - Do not include:
 - gov't loans and grants
 - pending or approved lines of credit
 - **We cannot accept your CFS if you leave this section blank or enter zeroes in each category. Students are expected to contribute some of their personal funding to their educational expenses.**
- Federal/Provincial Funding - ONLY FOR 7-year MD program
 - You can complete your government loan application prior to submitting your CFS to receive your aid estimate
 - 5-year and 6-year programs are ineligible for aid

CANADIAN CONFIDENTIAL FINANCIAL STATEMENT

St. George's University School of Medicine

SGU will review your financial plan and determine how we can assist you. Students are accepted based on their academic profile; Information provided on the CFS will not be considered in the Admissions decision. The 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 preclinical program.

Please complete each section of the CFS and submit to jbrady@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 | | | | |
| All Country(ies) in which you maintain Citizenship | | | | |
| All Country(ies) in which you maintain Permanent Residence | | | | |
| Student's Marital Status | Single <input type="radio"/> | Married <input type="radio"/> | Domestic Partnership <input type="radio"/> | |
| 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="radio"/> | Self Employed <input type="radio"/> | Retired <input type="radio"/> | Employed <input type="radio"/> | Self Employed <input type="radio"/> |
| 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 support per year (USD\$) |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| Financial Information from all countries: 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="radio"/> No <input type="radio"/> | |
| If Yes, please explain: | | | | |

Asset Information - Student & Spouse: Please list assets from all countries in U.S. Dollars (USD\$)

| | | | |
|--|--|---|--|
| Do you and/or your spouse own your own home? | Yes <input type="radio"/> No <input type="radio"/> | Do you and/or your spouse own a business? | Yes <input type="radio"/> No <input type="radio"/> |
| 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 assets from all countries in U.S. Dollars (USD\$)

| | | | |
|---|--|---|--|
| Does your family own their home? | Yes <input type="radio"/> No <input type="radio"/> | Does your family own a business? | Yes <input type="radio"/> No <input type="radio"/> |
| 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 from all Sources for Tuition, Fees and Living Expenses: Do not include government funding or line of credit
Please list in U.S. Dollars (USD\$)**

| *as applicable | Preclinical Year 1* | Preclinical Year 2* | Preclinical Year 3* | MD Year 1 | MD Year 2 | MD Year 3 | MD Year 4 |
|------------------------------------|---------------------|---------------------|---------------------|-----------|-----------|-----------|-----------|
| Student's Savings / Assets | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Family's Contribution from Income | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Family's Contribution from Assets | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Relatives and Friends Contribution | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Private Scholarships (non SGU) | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Private Sponsor | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Other: Please explain below | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| TOTAL | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

Private Loans / Federal / Provincial Funding: Please list in U.S. Dollars (USD\$)

Most students utilize a Professional Line of Credit (LOC) from a Canadian bank to assist with their total educational expenses

| | | | | | |
|---|--|--|--|--|--|
| Will you need an LOC | Yes <input type="checkbox"/> No <input type="checkbox"/> | Have you applied yet | Yes <input type="checkbox"/> No <input type="checkbox"/> | What is the date of application | |
| What bank did you apply for your LOC at | | | | | |
| Current status of your LOC | Pending <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> | Have you received written confirmation of approval | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Requested Amount | \$ | Approved Amount | \$ | | |
| If denied, please explain the reason for denial | | | | | |

Federal/ Provincial Funding

| | | | |
|--|--|-------------------------------|----|
| Have you applied for Provincial/ Federal funding | Yes <input type="checkbox"/> No <input type="checkbox"/> | What is your loan/grant award | \$ |
| Have you lived in Canada in the previous 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

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 understand the following:

- I understand that I may need to provide supporting documentation.
- I have included all sources of personal funding and parental resources in the expected support section of my CFS.
- I have included all resources/contributions (personal or parental) from other countries if applicable.
- Provincial/federal funding and LOC amounts are not included in the expected support section.
- I have converted all figures to USD\$.
- I have included all special circumstances that apply to my financial plan.

I hereby certify that the information I have provided is accurate and complete to the best of my knowledge.

| | |
|-----------------------------------|------------------------|
| _____ Signature of Student | DATE _____ mm/dd/yy |
| _____ Signature of Spouse | DATE _____ |
| _____ Signature of Parent | DATE _____ |
| _____ Name of Spouse (printed) | |
| _____ Name of Parent (printed) | |