

**STUDENT APPLICATION  
WORK STUDY PROGRAM  
(Spring and Summer 2014)  
Full-Time Summer Student**

**(Please Print)**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Social Ins.#: \_\_\_\_\_ Student #: \_\_\_\_\_ e-mail: \_\_\_\_\_

Citizenship: Canadian  **OR** Permanent Resident

Ontario Residency: **(Must Complete)** Have lived in **\*\* Ontario since** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **month/day/year**

**\*\* Note: all students (including Canadians) MUST tell us how long they have lived in Ontario consecutively – if since birth, indicate date of birth**

Academic Program Name: \_\_\_\_\_

Current Semester    1     2     3     4     5     6     7     8

Are you taking 100% of Course Load? (i.e. 6 out of 6 courses) Yes:

If not, what percentage? (i.e. 5/6 = 80%, 4/6 = 60%) \_\_\_\_\_

Are you receiving OSAP assistance May-August? Yes  Total Entitlement \_\_\_\_\_ No

Budget details **MUST** be completed  
Based on period from (May 2014 - August 2014)

**YOUR EXPENSES**

Total Summer Tuition                                     \$ \_\_\_\_\_  
Books/supplies for summer                                 \$ \_\_\_\_\_  
Rent \_\_\_\_\_ per month x 4 =                             \$ \_\_\_\_\_  
Food \_\_\_\_\_ per month x 4 =                             \$ \_\_\_\_\_  
Other expenses (personal, medical,  
laundry, transportation, telephone, etc.)  
\_\_\_\_\_ per month x 4 =                             \$ \_\_\_\_\_

**TOTAL EXPENSES:**                                     \$ \_\_\_\_\_

**YOUR INCOME**

Savings (not total earnings)                                 \$ \_\_\_\_\_  
(Sept. 13 to May 14)  
**Income (May 2014-August 2014)**                             \$ \_\_\_\_\_  
OSAP total   \$ \_\_\_\_\_  
Part Time Job, outside College                             \$ \_\_\_\_\_  
Other, i.e. Spouse's   \$ \_\_\_\_\_  
Income, Gov. Benefits   \$ \_\_\_\_\_

**TOTAL INCOME**                                     \$ \_\_\_\_\_

**TOTAL EXPENSES minus TOTAL INCOME:**                             \$ \_\_\_\_\_

ARE YOU RECEIVING ANY OTHER GOVERNMENT FUNDING?                             YES  **OR** NO

**DECLARATION BY STUDENT:**

I certify that to the best of my knowledge the information on this page is true and correct, that I require additional funds to complete my studies. **I HAVE NOT PREVIOUSLY DEFAULTED ON A STUDENT LOAN.** My academic progress is satisfactory and I agree to notify the Financial Aid Manager in writing, of any change in my academic or financial status during my study period. **\*\* I accept the condition that I am only allowed to work a total of 24 hours per week under the Work Study Program, even if I have more than one part-time job on campus.**

"In accordance with Section 39(2) of the Freedom of information and Protection of Privacy Act. This is to advise you that the personal information collected on this form will be used for the proper administration of the Ontario Work Study Plan, and that the Ministry of Colleges and Universities is hereby authorized to disclose such information for the purposes of determining grants and loans to any educational institution, the federal government and its collection agencies, other ministries of the Ontario government, other educational authorities both inside and outside the Province of Ontario and financial institutions with which you may have an OSAP loan. This information is collected under the legal authority of Ministry of Colleges and Universities Act. R.S.O., 1980,c. 272 and regulations". Questions about this collection should be directed to the Director, Student Support Branch, P.O. Box 4500. Thunder Bay, Ontario, P7B 6G9. Telephone - (807) 343-7260.

\_\_\_\_\_ Date                                     \_\_\_\_\_ Student Signature

Approval Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Approved by \_\_\_\_\_