

**Fall 2023 - Winter 2024 Work Study**

**Program Eligibility Form**

# To be eligible for a part-time student position on campus with the **STUDENT WORK STUDY PROGRAM**, please complete and return the attached budget form, for approval, to the:

Academic & Career Success Centre

Learning Resource Commons, First Floor, North Campus

**STUDENT WORK STUDY PROGRAM REGISTRATION**

NAME: STUDENT NUMBER

PROGRAM: PHONE: ( ) SEMESTER:

Job postings are available on ghworks.guelphhumber.ca as well as careerconnect.humber.ca. You must useyour Humber credentials to log onto CareerConnect.

• **For assistance visit the Academic & Career Success office LRC 1st floor for Humber jobs or GH108 for UGH jobs.**

**IMPORTANT:** Keep this original form to be given to hiring Faculties or Departments as proof of your Work Study eligibility.

**Hiring Department:** For support in processing Student Employee Contracts, visit <http://careers.humber.ca/faculty-services.php>.

**Office Use Only:**

Eligible for work/study **Fall 2023- Winter 2024** Yes D

No D

Authorized:

Date:

**\*\*** This student is entitled to work **only 24 hours** per week as long as they are in full-time studies during the Fall/Winter Semester.

**(Please Print)**

**Guelph Humber students working for Humber STUDENT APPLICATION**

**WORK STUDY PROGRAM**



**(Fall 2023 - Winter 2024)**

Last Name: First: Phone #:

Address: City: Province: Postal Code: Student # E-mail:

Citizenship: Canadian q **OR** Permanent Resident q

Academic Program Name: Current Semester 1 q 2 q 3 q 4 q 5 q 6 q 7 q 8 q

###### Are you taking 100% of Course Load? (i.e. 6 out of 6 courses) YES q

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

Are you receiving OSAP assistance September - May? Yes q Total Entitlement No q

###### Budget details MUST be completed based on period from (September 2023 - May 2024)

**YOUR EXPENSES YOUR INCOME**

Tuition $ Savings (not total earnings) $

Books/supplies $ (May 2023 to August 2023)

Rent per month x 8 = $ **Income (September 2023-May 2024)**

Food per month x 8 = $ OSAP total $

|  |  |  |  |
| --- | --- | --- | --- |
| Other expenses (personal, medical, |  | Part Time Job, outside College | $  |
| laundry, transportation, telephone, etc.) |  | Other, ie. Spouse’s | $  |
|  per month x 8 = | $  | Income, Gov. Benefits |  |

**TOTAL EXPENSES:** $ **TOTAL INCOME** $

**TOTAL EXPENSES minus TOTAL INCOME:** $ ARE YOU RECEIVING ANY OTHER GOVERNMENT FUNDING? YES q **OR** NO q

**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

"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