

Fall/Winter 2025-26 WorkStudy Form Program Eligibility Form

To be eligible for a part-time position on campus with the **HUMBER WORK STUDY PROGRAM**, please complete and return the attached budget form, for approval, to the Academic & Career Success Centre, Learning Resource Commons, 1st Floor, North Campus or email to workstudy@humber.ca

STUDENT WORK STUDY PROGRAM REGISTRATION

NAME: _____ STUDENT NUMBER _____

PROGRAM: _____ PHONE: (____) _____ SEMESTER: _____

Job postings are available on: **ghworks.guelphhumber.ca** or use your Humber credentials to log onto: CareerConnect account from <http://careers.humber.ca/student-careerconnect.php>

- For assistance see Career Services staff in the Academic & Career Success Centre (LRC 1st floor) or GH108

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

Hiring Department: Please see link for Processing Student Employee Contracts at <http://careers.humber.ca/workstudy-faculty.php>

Office Use Only:

Eligible for work/study **Fall/Winter 2025-2026**

No Δ

Yes Δ

Authorized: _____

Date: _____

- ☐ This student is entitled to work **only 24 hours** per week as he/she is in full-time studies during the Fall/Winter Semester.
- ☐ This student is entitled to work **only 24 hours** per week as he/she is in full-time studies during the Spring/Summer Semester.
- ☐ This student is entitled to work **up to 40 hours** per week as they are not enrolled during the Spring/Summer Semester and returning for the Fall Semester.

Guelph Humber Students Working for Humber
STUDENT APPLICATION WORK STUDY
PROGRAM (FALL/WINTER 2025-2026)

(Please Print)

Last Name: _____ First: _____ Phone #: _____
Address: _____ City: _____ Province: _____ Postal Code: _____
Student # _____ E-mail: _____

Citizenship: Canadian ☐ **OR** Permanent Resident ☐

Academic Program Name: _____

Current Semester 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐

Are you taking 100% of Course Load in the F/W semesters? Yes ☐

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

Are you receiving OSAP assistance Sept 25-April 26? Yes ☐ Total Entitlement _____ No ☐

Budget details MUST be completed based on period from Sept 2025 to April 2026

YOUR EXPENSES

Tuition \$ _____
Books/supplies \$ _____
Rent _____ per month x 8 = \$ _____
Food _____ per month x 8 = \$ _____
Other expenses (personal, medical,
laundry, transportation, telephone, etc.)
_____ per month x 8 = \$ _____

TOTAL EXPENSES: \$ _____

YOUR INCOME

Savings (not total earnings) \$ _____
(Sept 2025 to April 2025)
Income (Sept 2025 to April 2026)
OSAP total \$ _____
Part Time Job, outside College \$ _____
Other, ie. 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 and returning for the Fall Semester.

"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 _____