

**Spring and Summer Work Study 2024**

**Program Eligibility Form**

# . . . . to be eligible for a part-time 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.guelphhmber.ca**

use your Humber credentials and log onto: **careerConnect** account from

<http://careers.humber.ca/student-services.php>

* **For assistance see Career Services staff in the Academic & Career Success office 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/faculty-services.php>

**Office Use Only:**

Eligible for work study Spring/Summer **2024** Yes 

No 

Authorized:

Date:

 **\*\*** This student is entitled to work **more than 24 hours** per week .

**(Please Print)**

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

**WORK STUDY PROGRAM**



**(Spring and Summer 2024)**

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? (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 2024 - August 2024)

**YOUR EXPENSES YOUR INCOME**

Tuition $ Savings (not total earnings) $

Books/supplies $ (Sept. 2023 to May 2024)

Rent per month x 4 = $ **Income (May 2024 – August 2024)**

Food per month x 4 = $ OSAP total $

|  |  |  |  |
| --- | --- | --- | --- |
| Other expenses (personal, medical, |  | Part Time Job, outside College | $  |
| laundry, transportation, telephone, etc.) |  | Other, ie. Spouse’s | $  |
|  per month x 4 = | $  | Income, Gov. Benefits |  |

**TOTAL EXPENSES:** $ **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 acknowledge and understand that I MUST be returning in September 2024 as a full-time Humber or Guelph Humber Student**

"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.

Approval Date: / /

 Date Student Signature

Approved by