

Spring/Summer 2025 Work Study Form 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, 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 **SPRING/SUMMER 2026** No 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.

Guelph Humber Students Working for Humber
STUDENT APPLICATION WORK STUDY
PROGRAM (SPRING/SUMMER 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? (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 2026? Yes Total Entitlement _____ No

Budget details **MUST** be completed
 Based on period from (May 2026 to August 2026)

| | | | |
|--|----------|---|----------|
| <u>YOUR EXPENSES</u> | | <u>YOUR INCOME</u> | |
| Tuition | \$ _____ | Savings (not total earnings) (May 2026 to August 2026) | \$ _____ |
| Books/supplies | \$ _____ | <u>Income (May 2026 to August 2026)</u> | |
| Rent _____ per month x 4 = | \$ _____ | OSAP total | \$ _____ |
| Food _____ per month x 4 = | \$ _____ | Part Time Job, outside College | \$ _____ |
| Other expenses (personal, medical, laundry, transportation, telephone, etc.) _____ per month x 4 = | \$ _____ | Other, ie. Spouse's | \$ _____ |
| | | 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

"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 _____