

Work Study Application Form

Summer 2008

Personal Data				
Last Name:		Social Insurance Number:		
First Name:		Student Number:		
Address:		Apartment Number:		
City, Town or Post Office:		Postal Code:	Telephone Number:	
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Citizenship Status:	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident/Protected Person	Are you currently receiving OSAP? <input type="checkbox"/> Yes <input type="checkbox"/> No
Institution:	Conestoga College	Program:	Year:	% of Full Courseload: %
Job Posting Title:				

Please complete the following:

Living Costs & Study Resources - Complete sections 1 through 4 below. Base your monthly costs on a typical month during the May - August Time Period.

1 Basic Accomodation and Living Costs		2 Discretionary Costs	
rent (attach receipt)	\$	credit card debt (provide proof)	\$
phone	\$	pet care / pet food	\$
cable	\$	clothing	\$
hydro / utilities	\$	Insurance costs / bank fees	\$
medical / dental	\$	car maintenance / insurance	\$
travel / commuting costs	\$	entertainment / eating Out	\$
child care	\$	other	\$
food	\$		\$
laundry	\$		\$
personal toiletries / sundry	\$		\$
subtotal of column 1	\$	subtotal of column 2	\$
add subtotals from columns 1 + 2 for your Total Monthly Living Cost			\$

3 Total Study Costs for the 2008/09 School Year	
Total Living Costs: (multiply your Total <u>Monthly</u> Living Costs by 4)	\$
tuition and compulsory fees for 2008/2009:	\$
Exceptional / Specific expenses:	\$
Total 2008-2009 Costs	\$

4 Study Resources		
May 1, 2008 - August 31, 2008 Use 4 months for your calculations		
savings	\$	
estimated employment income	\$	
contribution from spouse or parents	\$	
OSAP	\$	
bank student line of credit	\$	
government benefits	\$	
other (support payments)	\$	
Total Resources	\$	

Student's Declaration

I certify that, to the best of my knowledge, the above information is true and correct and that I require additional assistance to complete my studies. My academic progress is satisfactory and I agree to notify the Financial Aid Administrator, in writing, of any change in my academic or financial status during the period covered by this application. I have provided accurate and true financial information.

Signature of Student : _____ Date : _____

Please submit this Application to the hiring department along with your resume.



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For Department Use Only		
Applicant Last Name: _____	First Name: _____	Student Number: _____
Position Title: _____	Department : _____	Salary/hour (hours not to exceed 24/wk): _____
Name of Department Head (print): _____	Title of Dep't Head (print) : _____	
Signature of Department Head: _____	Date: _____	
Contact Name (Print): _____	Ext: _____	E-mail: _____

For Financial Aid Office Use Only		
Acad. Year: _____	Work-study period: _____	Ontario Work Study Program 160254-49675-00 %: _____
		Conestoga Work Study Program 160258-49675-00 %: _____
Financial Aid Administrator Signature: _____	Date: _____	

The ministry uses relevant personal and tax information to administer the Ontario Student Assistance Program (OSAP), including determining eligibility, verifying the application and any loan or bursary issued, and collecting loans and overpayments. The ministry collects and uses this information under the authority of the Ministry of Colleges and Universities Act, R.S.O. 1999, c.M. 19, Regulations 773, 775; the Canada Student Financial Assistance Act, S.C. 1994, c.28; and the Canada Student Financial Assistance Program, SOR95-329. If you have any questions about the collection and use of this information, contact the Director, Student Support Branch, Ministry of Education and Training, PO Box 4500, Thunder Bay ON P7B 6G9; telephone: 807-343-7260.