WHAT IS THE ONTARIO SPECIAL BURSARY PROGRAM?

The Ontario Special Bursary Program (OSBP) is a student financial aid program that offers bursary assistance to help cover your educational costs. You are eligible for such assistance if you are taking postsecondary courses on a part-time basis at a provincially-assisted college or university in Ontario because you are unable to attend school full time and you have a low family income. You may also be eligible to receive a bursary if you have a low family income and are taking postsecondary courses on a full- or a part-time basis to upgrade your academic skills. The bursary does not have to be repaid if you complete the course(s) in which you register.

HOW MUCH MONEY CAN I GET?

The maximum bursary amount you can receive is \$2,500 per academic year. The bursary may cover tuition and other compulsory fees and may provide an allowance for books, equipment, and local transportation. Help with child-care costs may also be available.

Note: If you have extra education-related expenses resulting from a disability, you may also be eligible for the Ontario Bursary for Students with Disabilities. Contact the financial aid office at the college or university you plan to attend for more information.

WHAT CONDITIONS APPLY?

You cannot receive an OSBP and a loan through the Ontario Student Assistant Program (OSAP) at the same time. Contact the financial aid office at the college or university you plan to attend for more information.

If you leave school or drop a course, you will be required to repay a portion of the bursary. You are not entitled to the full amount if you do not finish your course as planned. If a portion of your tuition fees is to be refunded by your school, the refund will be paid to the Ministry of Training, Colleges and Universities in order to reduce the amount you have to repay. Ontario Special Bursary assistance is taxable. If you receive a bursary, you will receive a T4A form in February, which will indicate the total amount of bursary assistance you received.

AM I ELIGIBLE?

You are eligible for the Ontario Special Bursary if you:

- are a Canadian citizen, permanent resident, or Protected Person as defined in the *Immigration and Refugee Protection Act* (Canada).
- · are an Ontario resident;

You are considered to be an Ontario resident if you have lived in Ontario for 12 months in a row up to the beginning of your program of study. If you have been living in Ontario only for the 12 months preceding your program of study and you were attending a postsecondary institution during this 12-month period, you are not considered a resident of Ontario.

- · have a low family income;
- · are not receiving assistance through OSAP;
- are taking postsecondary courses at a provinciallyassisted college or university in Ontario on a parttime basis;

"Part-time" means you are taking at least 20 per cent and less than 60 per cent of a full course load. Usually, you can find out the number of courses or credits that make up a full course load by checking your school calendar. Once you know how many courses or credits make up a full course load, you can figure out whether you are taking less than 60 per cent. For example:

- If 5 courses are considered a full course load, then 3 courses are 60 per cent $(3 \div 5 \times 100 = 60)$.
- If 30 credits are considered a full course load, then 18 credits are 60 per cent $(18 \div 30 \times 100 = 60)$.

In some cases, factors other than courses or credits are used to determine your course load. Contact the financial aid office at the college or university you plan to attend for information if you are unable to figure out your course load.

- are taking postsecondary courses on a full- or a parttime basis to upgrade your academic skills;
 - Check with the financial aid office at the college or university you plan to attend to find out if the courses you plan to take are approved.
- are taking a course that is at least four weeks in length;
- are taking a course that leads to a certificate, diploma, or degree.

HOW DO I APPLY?

To apply, fill out the attached application form carefully. Then contact the financial aid office at the college or university you plan to attend to make an appointment to discuss your application.

Bring your completed application and all supporting documentation to the appointment.

Your application must be received by the financial aid office within the first 30 days of your study period start date.

WHERE CAN I GET HELP?

Read the instructions on the back page of this form and on the application form itself before filling out the application form.

If you need help filling out the application form or if you need more information, contact the financial aid office at the college or university you plan to attend.

Information is also available on the OSAP website at http://osap.gov.on.ca or from:

Student Financial Assistance Branch Ministry of Training, Colleges and Universities PO Box 4500 189 Red River Road, 4th Floor Thunder Bay, ON P7B 6G9

Telephone: (807) 343-7260

Telephone Device for the Deaf: 1-800-465-3958

Cette publication est également offerte en français sous le titre suivant : *Régime de bourses spéciales de l'Ontario.*



You will find instructions for completing individual questions or items on the application form itself. Questions or items that need additional explanation are listed here. If you need more information, contact the financial aid office at the college or university you plan to attend.

If you are married or are in a common-law relationship, the application form must be completed by you and your spouse.

SECTION 1: PERSONAL INFORMATION

104 - 108 Address

All correspondence will be sent to the address you enter here. If you move, you must give your new address to your financial aid office.

Marital status

Indicate what your marital status will be as of the last day of the month in which your program begins.

If you are in a common-law relationship, check "Married". For the purposes of the Ontario Special Bursary, a common-law relationship exists when:

- you and your spouse have been living together in a conjugal relationship for at least three years; or
- you and your spouse are raising any children of whom you both are the natural or adoptive parents.

If you are a sole-support parent, indicate "Single". The following documentation is required:

- If you are married, provide a photocopy of your marriage certificate.
- If you are separated, provide a copy of your legal separation agreement or court order.
- If you do not have a separation agreement or court order, you must provide an affidavit indicating the date of separation.
- If you are divorced, provide a copy of your divorce judgement or order.
- If you are in a common-law relationship, provide an affidavit signed by you and your spouse confirming that you are in a commonlaw relationship.
- If you are widowed, provide a copy of your spouse's death certificate.

Indicate the name and address of your spouse if his or her address is different from yours.

113 Citizenship Status

The following documentation is required:

Protected Persons

A Protected Person is defined in subsection 95(2) of the Immigration and Refugee Protection Act (Canada). If you are a protected person, you must provide a photocopy of your valid Protected Persons Status Document and a photocopy of your temporary Social Insurance Number (SIN) card.

Permanent Resident

If you are a Permanent Resident, you must provide a photocopy of your Canada Immigration Record or your Permanent Resident Card.

Ontario Residency

Time spent outside Ontario in full-time attendance at a postsecondary institution during summer breaks, or in the work term of a cooperative program should not be considered a change in residence.

SECTION 3: INCOME INFORMATION

300 Type of government income

Indicate the type of government income you expect to receive during your program of study. If you checked "Other", provide details about the type of assistance you will receive on a separate sheet and attach this sheet to your application form.

301-303 Gross Income from the Current Year

Include income from all sources, except GST rebates, Child Tax Benefits, assistance received through the federal Universal Child Care Benefit, and funding from the Ontario Bursary for Students with Disabilities.

Do not include pain and suffering awards, including WSIB Non-economic loss (NEL) awards, in amounts less than \$100,000. Any amount over \$100,000 is considered income in the period it was received. If payments are made for different incidents, the payments related to each incident are exempt up to \$100,000.

Proof of Income

You must provide proof of your income and your spouse's (including common-law) income, if applicable. Proof of income includes copies of pay stubs from Ontario Disability Support Program (ODSP) or Ontario Works (OW) (or a letter from a caseworker), pay stubs from other government income such as Canada Pension Plan Disability Benefits, Loss of Earning Benefits (WSIB) or Employment and Training Allowance, copies of employment pay stubs, and letters from employers confirming actual gross monthly income.

SECTION 5: INFORMATION ABOUT YOUR COURSE OR PROGRAM

If you are taking postsecondary studies on a part-time basis, attach a letter explaining why you are studying part-time.

SECTION 6: NOTICE, CONSENT, DECLARATIONS AND SIGNATURES(S)

Notice is provided to you and your spouse, if applicable, about the collection, use, and disclosure of your personal information in the course of the administration of the Ontario Special Bursary Program. In addition, there is a separate consent for the indirect collection and disclosure of your personal information.

You and your spouse, if applicable, must also declare that the information provided on the application form is true and complete.

This section must be signed and dated by you and your spouse, if applicable.

REQUIRED DOCUMENTATION CHECKLIST:

You are required to provide with your application, the following supporting documentation:

- Marital Status (If you are married, in a common-law relationship, seperated or divorced).
- Citizenship Status (If you are a Protected Person or Permanent Resident).
- Proof of Income, including government assistance, for you and your spouse (if applicable).
- If you are studying on a part-time basis, provide a letter explaining why you are studying part-time.
- If you have defaulted on a student loan, contact the Financial Aid Office at your institution for further assistance.

When submitting supporting documentation to the ministry or your financial aid office, please ensure that your envelope is addressed accurately. In addition, you should consider sending the document(s) using a secure method. (e.g., by personal delivery or by registered mail).



	Casial insurance as						0.4	Otro 1	t											۸.	al c	:		- 00	00.0	2001	
100	Social insurance nu	imber 	I	ı	1	1	U1	Stude	nt n	umbe I	er I	1	I	ı	1	1				Aca	dem I	ıc ye	ar (e	.g., 20 _	ບ8-2(ເ	JU9)	
						J							<u> </u>						_		1			\			
102	Last Name	1 1	1	ı	1	1		1	1		i	1	i	1	1		1	1	1			ı	1				
																								J			
103	First name and mid	ldle initia										ı															
104	Address (number a	nd street	:)																					105 A	partr	nent	
																								JL			
106	City, town, or post of	office																	10	7 Pro	vin	20		_			
100	City, town, or post of	1 1	1	1	ı			1	1		1	1	ı	1	1		1	ı	10) V II IV)C		1	1		1
108	Postal Code		109	Area	a code	e and	tel	ephon	e nu	ımbeı	r			1	10 [e of I	oirth	Day	,		Ye	or		111	Gend	
					ı	1		1	1		1		ı			IVIC			Day	´		16	ai 			_	Male Fema
															_											⊿ 2	rema
112	Marital status (*atta	ch proof)						Na	me a	and a	ddre	ss of s	spou	se													
	☐ 1 Single			□ 3	Divo	orced ³	*																				
	☐ 2 Married/com	mon-law		□ 4	Sep	arate	d*																				
	relationship*			\square 5	Wid	owed	*																				
113	Citizenship status	(*atttach	proof))				114	Hav	ve yo	u live	ed in (Onta	rio				1	15 l	f "No	', wł	nen d	lid yo	u com	e to (Ontai	rio?
	1 Canadian Citizen								from birth to present? Month Year																		
	2 Permanent F	Resident*								1 Y	es		2 N	0													
	3 Protected Pe	erson*																									
116	Number of children 11 years and 117 Number of children 12 years and older 118 Do you receive subsidized child care?																										
	younger that you a	-	pouse	e					-	and	your	spous	se (if	appl	icab	ole)						1 Y	′es		2 No)	
	(if applicable) supp	OIL						supp	JOIL																		
SEC.	TION 2: EMPLO	YMEN	ΓINF	ORN	/IATI	ION																					
200	Your current emplo	yment sta	atus				lf	unemp	oloye	ed, lis	st sou	ırce(s) of (govei	nme	ent	inco	me/	supp	ort. (e.g.	, Ont	ario \	Vorks	Ont	ario [Dis-
	Full-time			ploye	b		al	oility S	uppo	ort Pr	ogra	ms, E	mplo	yme	nt Ir	nsur	anc	e, et	c.)								
	☐ Part-time	∐ Uı	nempl	loyed																							
201	Spouse's current e	nployme	nt stat	tus			If	unem	ploye	ed, lis	st so	urce(s) of	gove	rnm	ent	inco	me/	sup	oort.	(e.g.	, On	tario	Works	, Ont	ario I	Dis-
	Full-time	\square se	elf-em	ploye	d		al	bility S	uppo	ort Pr	ogra	ms, E	mplo	oyme	nt Ir	nsu	ranc	e, e	tc.)								
	☐ Part-time		nempl	loyed																							
202	Provide your emplo	vmont hi	oton	by ligti	na ve	our io	bo (and the	2 001	riodo	in w	nioh v	011 5	naoiv	od 6	301/	ornm	ont	200	oton	20 (0		Onto	io Dio	abilita	, Cur	nort
202	Programs, Family E	-	-	-		-						-			_	-					•	_					•
	more space).																										
Na	ame of employer or s	ource of		City	prov	ince,	an	d coun	try ir	n whi	ch y	ou wo	rked											rom			Го
go	vernment income			-																		1	Month	Yea	M	onth	Yea
				_																							
				+																		-					
																						\perp		_	_		
																						T					
																						+					
				1																				1	- 1		
																						_			-		



SEC	TION 3: INCOME INFO	RMATION (attach pr	oof c	of inco	me)							
300	Type of government income	you expect to receive during	ng you	ır progra	m of study		301	Your e	estimate	ed gros	ss incor	me for the current year
	☐ Employment Insurance	☐ Employment and		Ontario	Works							
	Loss of Earnings Benefit	Training Allowance		0-1	D:		D. 303) What	do vou	evnec	t vour v	veekly income
	(WSIB)	ı		gram	Disability S	upport	Pro-302	to be	during y	your pr	ogram	of study?
	U Other			Ü				ı				I
303		What does your spouse expect his or her weekly	305	Have yo	ou ever rece	eived a	ssistand	e under	any of	the fo	llowing	programs?
	current year.	income to be during your		(Canada Stu	dent Lo	oan			res [No	
		program of study?			Ontario Stud Canada-Ont					Yes L	ᆜ No	
				5	Student Loa	n	_			res [No	
					Part-Time C Ontario Spe					∕es	⊣ No No	
306	Have you ever defaulted	☐ Yes ☐ No ▶ If "Y	/" - 4 4		er to your appl		-				d "Yes", i	n
	on a student loan?				er to your appl ilted on your s			ating -	which y	ear did	you rece	 eive j. 2005-2006)
										J. 50.0	u. y . (0.s	. 2000 2000)
] -
SEC	TION 4: EDUCATION H	ISTORY										
400	What is the highest grade you	401 When did you co	mplete	e this	402 Na	me of s	school a	nd prov	ince or	countr	y in wh	ich school is located
	have completed?	grade?			Ī			·			,	1
	Grade	Month	Year									
403	List all courses or programs y	ou have taken at a postsed	condar	y institut	ion since yo	u left h	nigh sch	ool. Att	ach a s	eparat	e shee	t if you need more space.
Naı	me of postsecondary institution	City, province, and country	Full-	Part-	Program			Fro		N44	To	Certificate or
			time	time				Month	Year	Mont	h Yea	r degree received
SEC	TION 5: INFORMATION	ABOUT YOUR COL	JRSE	OR P	ROGRAI	/1						
Nan	ne of postsecondary institution	າ you plan to attend										
600	Name(s) of course(s)		60	1 Cours	e number	602	Course of	dates				603
	(-)(-)						From			То		Course length (number of weeks)
						Day	Month	Year	Day	Month	Year	(Hamber of weeks)
			ı			<u> </u>	<u> </u>	1 1	ı		l	
lf you	ı are taking postsecondary s	studies on a part-time ba	sis, pl	ease ex	plain why y	ou are	studyi	ng part	-time.			



SECTION 6: NOTICE, CONSENT, DECLARATIONS AND SIGNATURE(S)

Collection and Use of Personal Information

Your personal information, including your Social Insurance Number (SIN), provided on this application form and in all other communications related to this application and any award of an Ontario Special Bursary (OSB), including previous applications and awards of assistance will be used by the Ministry of Training, Colleges and Universities (the ministry) to administer and finance the Ontario Special Bursary Program (OSBP). In addition, the applicant's SIN will be used as a general identifier in administering OSBP. The ministry may use other ministries, contractors or auditors for any of these activities. Under agreement with the ministry, the applicant's postsecondary institution and, where authorized by the ministry, its agents and its auditors, use your personal information to administer OSBP.

Administration includes: determining the applicant's eligibility for a bursary; verifying this application; verifying any award of an OSB; maintaining and auditing the applicant's file; assessing and collecting overpayments; enforcing the legislation set out below and your agreements with the ministry; and monitoring and auditing the applicant's postsecondary institution or its authorized agents to ensure that they are administering the OSBP appropriately. In addition, administration by the ministry lincludes planning, delivering, evaluating and monitoring the OSBP for quality and improvements in both content and delivery; conducting risk management, error management, audit and quality assessment activities; conducting inspections or investigations; and conducting policy analysis, evaluation, and research related to all aspects of the OSBP, including contacting you to participate in surveys. Financing includes: planning, arranging or providing funding of the OSBP.

The ministry administers OSBP under the authority of the Ministry of Training, Colleges and Universities Act, R.S.O. 1990, c. M.19, as amended, R.R.O. 1990, Reg. 773, as amended, and s. 10.1 of the Financial Administration Act, R.S.O. 1990, c. F. 12, as amended. If you have any questions about the collection or use of this information, contact the Director, Student Financial Assistance Branch, Ministry of Training, Colleges and Universities, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, ON P7B 6G9.

Consents, Instruction, Declarations and Signatures of Applicant

- Applicant's Consent to the Indirect Collection, Use and Disclosure of Personal Information (REQUIRED)

 I agree that until any OSB overpayments are assessed and repaid, the ministry can, without limitation, collect and exchange personal information about me that is relevant to the administration and financing of OSBP with my postsecondary institution and its authorized financial administration agents and auditors; bodies identified on this application form and other bodies that may have information about any of my sources of income or residency; other ministries used to administer or finance any part of OSBP; the ministry's contractors and auditors; collection agencies operated or retained by the provincial government; and consumer reporting agencies. I agree that the ministry may use my personal information for the administration and enforcement of an OSBP application made by my spouse.

 I understand that I can withdraw any consent I have given in this section by writing to the Director, Student Financial Assistance Branch, Ministry of Training, Colleges and Universities at the address above at any time before I accept an OSB award. I understand that if I withdraw my consent it will affect my eligibility for and the amount of OSBP assistance.

- Applicant's Declaration (REQUIRED)

 I have given complete and true information on this application form.

 I will keep a copy of my application and all required supporting documentation in the event that I am required to produce this information for audit, verification, inspection or investigation purposes.

 I understand that I am responsible for providing all required supporting documentation as indicated on my application or as directed by my financial aid office or the ministry in respect of my eligibility for an OSB award.

 I will promptly notify my financial aid office or the ministry in writing of changes to the income reported by me (or my spouse, if applicable), or of changes to my address and/or financial, academic, family, and/or study-period status, or if any other information that I have provided changes.

 I understand that information I provide in connection with this application will be verified and audited, and the ministry may also conduct inspections and investigations.

- I understand that information I provide in connection with this application will be verified and additional and investigations.
 I understand that any change to the information I provide and any change resulting from verification and audit may affect my eligibility and the amount of my bursary and that I may be required to repay all or part of the OSB award.
 I understand that if I am not eligible for an OSB award this may affect my eligibility for other loans, grants, awards, scholarships, or benefits.
 I will not receive student financial assistance from any other province, state, or country while receiving this bursary.
 I understand that if I fail to provide complete and true information; fail to promptly notify my financial aid office or the ministry in writing of changes to the income reported by me (and my spouse, if applicable) or any changes to my address and/or financial, academic, family, and/or study period status; or fail to fulfil any obligations respecting the repayment of any overpayment; the ministry may restrict me from receiving OSB or other OSAP assistance in the future, and may take legal action and may require me to repay any assistance that I received. I further understand that it is an

assistance in the future, and moffence to knowingly provide fa up to \$25,000 and one year in	lay take legal action and may require me to repay any assistal alse information for the purpose of obtaining or receiving OSAI prison.	nce that I re P assistanc	eceived. ce. If con	I further ui victed, I m	nderstand t lay be liable	hat it is a for a find	n e of
attests to my consent to the	this section, including the notice of collection, use and di indirect collection, use, and disclosure of my personal in y declaration is complete and true.						
			Day	Month			
Signature of applicant	X	Date					
Consents, Declarations and S	Signatures of Spouse						
 I understand that the informati award to the applicant. The info 	rect Collection and Disclosure of Personal Information (R on on this form, including my employment and income information I have given is complete and true and I will notify the that the ministry may use my personal information for the adm	ation, is a ń applicant's	ecessar financial	aid office	or the mini	stry in wr	iting if

- there are any changes. I agree that the ministry may use my personal information for the administration and enforcement of an OSBP application that I made or will make.

 I agree that until the applicant's OSB overpayments are assessed and repaid, the ministry can, without limitation, collect and exchange personal information about me that is relevant to the administration and financing of OSBP with: the applicant; the applicant's postsecondary institution and its authorized financial administration agents and auditors; bodies identified on this application form and other persons or bodies, that may have information about my sources of income; the ministry's contractors and auditors; and collection agencies operated or retained by the provincial governments.

 I understand that the personal information I provide in connection with this application can be accessed by the applicant. Other personal information relevant to a reassessment will be disclosed to the applicant and any person(s) authorized by the applicant to have access to all information in the applicant's OSB file.

 I understand that I can withdraw any consent I have given in this section by writing to the Director, Student Financial Assistance Branch, at the address above at any time **before** the applicant accepts an OSB award. I understand that if I withdraw any consent it will affect the applicant's eligibility for and the amount of an OSB award.

I have read and understood all parts of this section, including the notice of collection, use and disclosure of my personal information, and my signature attests to my consent to the indirect collection, use and disclosure of my personal information and that my declaration is complete

anu	Signature of spouse X		Date	Day	Month	Year
FOF 800	R OFFICE USE ONLY Name of program	801 Institution code 802	Percentage of full cou			evious bursary recipient, were he or she was registered success-
		06 Books & Equip 807 Travel costs	808 Child Care costs		Yes	No N/A 810 Cheque amount
Addi	itional Information					
		I as a student in the course(s) shown in line 600 n. I recommend that this applicant receive a burs			810.	or she is eligible to receive