

Fleming Work Study Program (FWSP)

Student Information					
Last Name				Student Number	
First name				_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
Number and street			Apartment number		
City, town, or post office		Postal code		Area Code and telephone number	
_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Protected Person			Are you currently receiving OSAP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Institution		Program name		Program Year (e.g. Yr. 2, Yr. 3)	Percentage of a full course load %
Faculty <input type="checkbox"/> Admin./ Business <input type="checkbox"/> Agric./ Related Science <input type="checkbox"/> Arts/ Science <input type="checkbox"/> Comm. Service/ Education <input type="checkbox"/> Dentistry <input type="checkbox"/> Eng./ Techn <input type="checkbox"/> Health Sciences <input type="checkbox"/> Law <input type="checkbox"/> Medicine <input type="checkbox"/> Theology <input type="checkbox"/> Trades					

If you belong to an equity group and wish this to be taken into consideration, indicate to which group you belong. Check all the boxes that apply to you.

- Aboriginal Canadians
 Francophones
 Persons with disabilities
 Sole-support parents
 Social assistance recipients
 Visible minorities
 Women

Previous Employment Information

List your skills (e.g., mechanical, computer, and/or technical) **and** languages that you speak, read, or write.

List your previous employment.

Name of organization	Period of Employment		Duties
	From	To	

Student's Declaration

I certify that 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, financial, family, or study-period status during the period covered by this application. I authorize the employer to check the previous work references that I have provided.

Signature of student _____ Date _____

Employer Information

Position Title	Salary charged to
Salary per hour \$	Total hours per week

If for any reason, the student **does not complete the full period of employment**, I will notify the Financial Aid Administrator.

Signature of employer _____ Title and department _____ Date _____

For Financial Aid Office Use Only

Academic Year	Work-study period	Gross earnings not to exceed \$
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Signature of Financial Aid Administrator _____ Date _____

Your personal information, including your Social Insurance Number (SIN), provided on this application form and in all other communications related to your application will be used by the Ministry of Training, Colleges and Universities to administer and finance the Ontario Student Assistance Program (OSAP). In addition, your SIN will be used as a general identifier in administering OSAP. The ministry may use contractors or auditors for any of these activities. Under agreement with the ministry, your postsecondary institution and, where authorized by the ministry, its agents who administer OSAP and its auditors, use your personal information to administer OSAP.

Administration includes: determining your eligibility; verifying your application; verifying any award of financial assistance and any relief granted from any payment you are required to make; considering any applications for review or appeals of determinations relating to your financial assistance or eligibility for relief from any payment; maintaining and auditing your file; assessing and collecting loans, overpayments, and repayments; enforcing the legislation set out below and your agreements with the ministry, the Ontario Student Loan Trust, and HRSDC; and monitoring and auditing the NSLSC and your postsecondary institution or its authorized agents to ensure that they are administering the programs appropriately. In addition, administration by the ministry and HRSDC includes planning, delivering, evaluating and monitoring student assistance programs 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 student financial assistance, including contacting you to participate in surveys and developing key performance indicators about your postsecondary institution such as the aggregated Ontario Student Loan default rates of its students. Financing includes: planning, arranging or providing funding of the programs.

The ministry administers OSAP 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, Reg. 774, and Reg. 775, as amended, and O. Reg. 268/01, as amended; s. 10.1 of the Financial Administration Act, R.S.O. 1990, c. F. 12, as amended; the Canada Student Financial Assistance Act, S.C. 1994, c. 28, as amended; and the Canada Student Financial Assistance Regulations, SOR 95-329, as amended. If you have any questions about the collection or use of this information, contact the Director, Student Support Branch, Ministry of Training, Colleges and Universities, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, ON P7B 6G