

Fleming College Work Study Funding Application

Student Information														
Last Name					St	Student Number								
First name							I	I	I	I	I	I		1
Number and street						Aŗ	partm	ent nu	umber					•
City, town, or post office	Postal code Area C			a Cod	Code and telephone number									
	1 1	I		1 1		1 1			I I		ĺ			I I
Citizenship status					Do	mestic	: Stud	ents c	current	ly rec	eiving	OSA	> ?	
Canadian Citizen International Student Permanent Resid	ent	Prote	cted	Person		Ye	s	N	0	-	-			
Institution Program name				Program	Year	(e.g. Y	′r. 2 , `	Yr. 3)	Perce full co	•				%
Program/School of Study IT/ Enviro./ Arts/ Comm. Health Business Natural Science Service/ Welln Resources Justice		Art & Desigi	ח 🗆	Health Science		Law		Tra	des					
If you belong to any of these groups and wish this to be taken into consi	deration,	, indicat	e to	which gro	up yo	u belo	ng. C	heck a	all the	boxes	s that	apply	to yo	u.
	Sole-supp parents	port		Social a recipier		ance			ible norities	6	v	Vomei	١	
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.

Period of Employment		Duties
From	То	
		Period of Employment 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	e Use Only		
Academic Year	Work-study period	Gross earnings not to exceed	\$

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

Fleming College Work Study Budget Form



This form is intended for domestic work study applicants who are not receiving OSAP.

To qualify for the work study program, you must demonstrate financial need. Applicants who do not demonstrate financial need will not be approved for the work study program.

Name:

Student Number:

Expenses - Accommodation and Living Costs (based on a typical month)					
Rent / Mortgage	\$				
Telephone/Cell phone	\$				
Utilities/Hydro/Heat	\$				
Cable/Internet	\$				
Medical/Dental	\$				
Commuting Costs	\$				
Groceries	\$				
Child Care	\$				
Car Payment	\$				
Car Insurance	\$				
Additional monthly expenses not captured in this budget. Please attach an itemized list i.e. credit card	\$				
Total Monthly Living Costs	\$				

Resource for the Academ	
Savings	\$
Earnings during School Year	\$
Contribution from Parent(s) i.e. Tuition payment, \$ contribution for the academic year	\$
Contribution of Partner i.e. Tuition payment, \$ contribution for the academic year	\$
Line of Credit	\$
Child Tax Benefit	\$
Bursary/Scholarship (will be verified)	\$
Support Payments for the academic year (alimony/child support)	\$
RRSP	\$
RESP	\$
Other	\$
② Total Resources for the Academic Year	\$

	Study Period Costs for the	e Academic Year
1 semester = 4 months 2 semesters = 8 months	Tuition (one or two semesters- depending on program)	\$
	Books and Supplies	\$
	Bus Pass or Parking	\$
	Total Study Period Living Costs (multiply Total Monthly Living Costs by 4 or 8)	\$
	Total Costs	\$
	Total Resources minus total costs	\$

Student Signature:

Date: