

## Ontario Special Bursary Program & Part-Time Canada Student Loan

**\*\* Complete this form in black or blue pen *only*. \*\***

Student I.D. Number:     -     -

Student Name:  First Name  Last Name

Program:  Semester:

### Book Costs:

Course Title:	Name of Book:	Cost of Book:

### Daycare/Babysitting Costs:

Hours Required:  Hours per week X  Number of weeks X \$  Cost per hour = \$  Total

### Transportation Costs:

Transportation Cost:  Days per week X  Number of weeks X \$  Cost per Day = \$  Total

### Letter explaining student's inability to study full-time:

I  (student's name), cannot study full-time for the following reason(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Continue to back of sheet if required)

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I have read the above statement and hereby authorize the release of information contained herein to the aforementioned.

Student Signature  Date