

# Seneca

## Financial Aid and Awards - Work Study Plans

Please complete BOTH pages of this application form.

### Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student Number: \_\_\_\_\_ S.I.N.: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_  
Area Code

Parmananet Address: \_\_\_\_\_  
Number and Street Apt. No. City Prov. Postal Code

Gender:  Male  Female  
Citizenship Status:  Canadian Citizen  Permanent Resident  Protected Person  
Are you currently receiving OSAP assistance?  Yes  No

Program Name: \_\_\_\_\_ Program Year: \_\_\_\_\_ Campus: \_\_\_\_\_ Percentage of a full coarse load: \_\_\_\_\_ %

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

Aboriginal Canadian  Francophones  Persons with Disabilities  Sole Support Parent  
 Social Assistance Recipients  Visible Minorities  Women

### Previous Employment Information

**YOU MAY ATTACH YOUR RESUME TO THIS APPLICATION**

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

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### Student 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: \_\_\_\_\_ Date: \_\_\_\_\_

### Employer Information

Position Title: \_\_\_\_\_

Salary Charge to: \_\_\_\_\_ / \_\_\_\_\_ / 0148 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.

Name of Employer \_\_\_\_\_ Signature of Employer \_\_\_\_\_ Department and Extention \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

Academic Year: \_\_\_\_\_ Work Study Period: \_\_\_\_\_ Gross Earnings not to exceed: \$: \_\_\_\_\_

Signature of Financial Aid Administrator \_\_\_\_\_ Date \_\_\_\_\_ OSAP:  Yes  No

The Ministry uses relevant and tax information to administer the Ontario Student Assistance Program (OSAP). This include determining eligibility, verifying the application and any loans approved or bursaries issued, auditing your OSAP file, and collecting loans and overpayments. This ministry collects and uses this information under the authority of the Ministry of Colleges and Universities Act, R.S.O. 1990m c.M. 19, Regulations 773, 774, and 775; the Canada Student Financial Assistance Act, S.C. 1994, c.28; and the Canada Student Financial Assistance Regulations, SOR 95-329. If you have any questions about the collection and use of this information, contact the Directory, student Support Branch, Ministry of Education and Training, PO Box 4500, Thunder Bay ON, P7B 6G9; Telephone: (807) 343-7260.

Semester	Program	Status	Transcript

Comments: \_\_\_\_\_

## Student Personal & Financial Information

Last Year in High School: \_\_\_\_\_ Do you live with your parents?  Yes  No Full-time Employment - Number of Years: \_\_\_\_\_

Name of College/University/Other Institution last attended: \_\_\_\_\_ Number of Years: \_\_\_\_\_

Marital Status:

Single  Married/Common Law  Divorced/Separated/Widowed  Other (i.e. single independent / sole support parent)

### Financial Information: Complete I or II (NOT BOTH)

#### I. Single Dependant Students Only:

Number of dependants in family still attending school (including self) or who are disabled: \_\_\_\_\_

Ages: \_\_\_\_\_

Number of above at post-secondary institutions (including self): \_\_\_\_\_

Level of Family Income:	Father	Mother
Below \$30,000	<input type="checkbox"/>	<input type="checkbox"/>
\$30,000 - \$50,000	<input type="checkbox"/>	<input type="checkbox"/>
Over \$50,000	<input type="checkbox"/>	<input type="checkbox"/>

#### II. Other Status:

(i.e. Single Independent, Married/Common Law, Divorced/Separated/Widowed, Sole support parent)

Number of Dependants (if applicable): \_\_\_\_\_

Ages: \_\_\_\_\_

Level of Family Income:	Self	Spouse (if applicable)
Below \$30,000	<input type="checkbox"/>	<input type="checkbox"/>
\$30,000 - \$50,000	<input type="checkbox"/>	<input type="checkbox"/>
Over \$50,000	<input type="checkbox"/>	<input type="checkbox"/>

Have you applied for OSAP this year?  Yes Amount of Loan \$ \_\_\_\_\_  No If no, why? \_\_\_\_\_

Do you have a part-time or full-time job?  Yes  No If no, why? \_\_\_\_\_

### School Budget

Budget for School Period (please choose the one that applies to you):

September to April (33 weeks or 8 months)  January to August (32 weeks or 8 months)  
 September to December (15 weeks or 4 months)  January to April (15 weeks or 4 months)  May to August (15 weeks or 4 months)

Expenses	Monthly	# of Months	Amount
Tuition Fees			= \$ _____
Books & Supplies			= \$ _____
Rent	\$ _____ x _____		= \$ _____
Utilities (i.e. hydro, etc.)	\$ _____ x _____		= \$ _____
Food	\$ _____ x _____		= \$ _____
Personal Items	\$ _____ x _____		= \$ _____
Transportation: Local:	\$ _____ x _____		= \$ _____
To visit Home:	\$ _____ x _____		= \$ _____
Unusual Expenses (i.e. medical, dental...)			= \$ _____
			= \$ _____
<b>Total Expenses =</b>			<b>\$ _____</b>

Income/Resources	Amount
Savings – from Pre-study/Work-term	= \$ _____
Parental/Spousal Assistance	= \$ _____
Awards/Scholarships/Bursaries	= \$ _____
OSAP/Government Student Loans	= \$ _____
Earnings from P/T job outside campus	= \$ _____
Earnings from P/T job on campus	= \$ _____
Government Income: (Orphan's Benefits, Employment Insurance, etc)	= \$ _____
Other (i.e. pension, benefits...)	= \$ _____
	= \$ _____
<b>Total Income =</b>	
<b>\$ _____</b>	

**FINANCIAL NEED (Income - Expenses) = \$ \_\_\_\_\_**

### For Office Use Only

Financial Aid Advisor's Comments / Recommendation:

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Approved for Ontario Work-Study Plan:  Yes  No Amount \$ \_\_\_\_\_

Approved for College Work-Study:  Yes  No Amount \$ \_\_\_\_\_