

WORK STUDY ASSISTANCE PROGRAM

2011–2012 Winter Term Application

Deadline: Friday, February 24, 2012

Please complete this application and submit it to the Financial Aid and Awards office, D100 Trafalgar Road Campus, B212h Davis Campus or A147c Hazel McCallion Campus. Applications may be submitted starting the first day of term. All banking and tax forms are to go to your employer/HR.

PERSONAL INFORMATION				
Last Name:		First Name:		
Student Number:		Social Insurance Number:		
Phone Number:		Sheridan E-mail Address*:		
Program of Study:		<i>*All communications will occur via your Sheridan email account.</i>		
Full-time Student: YES NO		1 st year	2 nd year	3 rd year 4 th year
If you are enrolled part-time, are you registered with Accessible Learning Services? YES NO				
Are you a Canadian Citizen / Permanent Resident / Protected Person? YES NO				
Have you applied for OSAP for the 2011 – 2012 academic year? YES NO				
Are you a resident from a province other than Ontario? YES NO		<i>If you are receiving a government issued student loan from your home province, please provide your Notice of Assessment.</i>		
Were you a full-time student during the previous Fall 2011 term? YES NO		Will you be returning to Sheridan full-time for the Spring/Summer 2012 term? YES NO		
Marital Status: Single Married/Common Law				
Do you have dependent children? YES NO		Ages:		
EMPLOYMENT				
Have you secured a work study job on campus? YES NO		Full-Time or Part-Time		
If 'YES,' please complete this section.		Supervisor's Name:		
Campus: Davis Hazel McCallion Trafalgar STC		Department:		
AWARDS OFFICE USE ONLY				
Date:		Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Terms: 1119 <input type="checkbox"/> 1121 <input type="checkbox"/> 1125 <input type="checkbox"/>
OWSP <input type="checkbox"/> TRF <input type="checkbox"/> BAT <input type="checkbox"/>		Maximum Transfer:		
GPA:		Email sent to student:		Email sent to employer:

OSAP students do not need to complete this budget form.

Non – OSAP students must complete the budget form below to demonstrate financial need.

Complete the budget form below calculating your resources and expenses for the **four month** period of the winter semester.
This includes **January – April months only**.

FINANCIAL RESOURCES				ESTIMATED EXPENSES			
Current Savings				Tuition Fees (winter term)			
Parental/Spousal Contribution				Books/Supplies			
Part-time Income	\$	X 4 months		Residence/Rent	\$	X 4 months	
Scholarships/Bursaries				Utilities	\$	X 4 months	
Government Income (i.e. CCTB, GST rebate, ODSP)	\$	X 4 months		Phone/Cable/Internet	\$	X 4 months	
Out of Province Loan				Food	\$	X 4 months	
Part-time Canada Student Loan				Car payment/Gas/Insurance	\$	X 4 months	
Bank Loan/Credit Line				Public transit	\$	X 4 months	
Other resources (list):				Child Care	\$	X 4 months	
				Minimum Credit Card Payment	\$	X 4 months	
				Personal Care Products/ Laundry/Clothing	\$	X 4 months	
				Visits home for out of town students (1 per term)			
				Sheridan College Parking	1 term = \$166		
				Health Care not covered by student plan (provide explanation) *			
				Other (provide explanation) *			
TOTAL RESOURCES:				TOTAL EXPENSES:			

*For this expense to be considered please provide a brief explanation.

If the difference between your total Resources and total Expenses is greater than \$1000, please explain how you will manage the shortfall (i.e., apply for bursaries, bank loan, OSAP, etc.). Failure to complete this explanation will delay the review process.

Student declaration:

I certify that, to the best of my knowledge, the information that I have provided on this application is true and correct and that I require additional assistance to complete my studies at Sheridan College. My academic progress is satisfactory and I agree to notify the Awards Office in writing, of any changes in my academic course load, financial or study term status during the period covered by this application. I understand that I am required to report all assistance received from either the Ontario Work Study program or the Sheridan Parallel Work Study Program on my OSAP application. I authorize the release of the information contained in this application to those parties involved in the review process for work study.

Signature of Student

Date