

## Work Study Assistance Program: Coop Employment

*This application is for domestic students securing full-time on-campus COOP position with a Work Study employer.* Applications may be submitted two weeks prior to the first day of term, with decisions being made once the application has been reviewed. Enrollment will be verified after the first 10 days of the term. Visit <https://www.sheridancollege.ca/admissions/financial-aid-and-awards/work-study-assistance> for eligibility criteria.

If your enrollment or employment status changes after your application is processed, you must notify your employer and the Financial Aid Office.

All communications will occur via your Sheridan student email account.

### To be completed by student

Last Name:

First Name:

Student Number:

Social Insurance Number:

Are you a Canadian Citizen, Permanent Resident, or Protected Person?

Do you have an OSAP funding assessment in the 2019/2020 academic year?

Did you receive OSAP funding in the 2018/2019 academic year?

Have you applied for Provincial student aid from a province other than Ontario in the 2019/2020 academic year?

*If you do not have a funding assessment from OSAP or student aid from another Province in the 2018/2019 OR 2019/2020 academic year(s), you must complete the attached budget.*

*Please provide a copy of your Coop Confirmation of Employment with this application.*

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 financial assistance to complete my studies at Sheridan College. My academic progress is satisfactory and I agree to notify the Financial Aid 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 the 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.

Student Signature

Date

### To be completed by employer before submission to the Financial Aid and Awards Office

Department:

Cost Transfer Approver: (Manager who will approve the Cost Transfer)

Department Number: (5 digit account number the student is being paid from)

Confirmation Recipient: (Employer the WS decision should be emailed to)

### Financial Aid Office Use Only

Credit Load:

Decision:

Date:

Financial Need:

Email Sent:

Comments:

## Budget Form

Fill out the budget for the current academic year starting from September 1, 2019 to August 31, 2020.  
Applications will not be processed with \$0 resources.

PROJECTED RESOURCES			
	Monthly Amount	Time Period	Total
<b>Personal</b>			
Savings before paying Fall 2019 student fees/expenses.			
Parental Monthly Allowance <i>*Including RESP</i>		X12 mos	
Spouse Monthly Allowance		X12 mos	
Employment Income <i>*Not including Work Study position</i>		X12 mos	
Child Support		X12 mos	
<b>Government and Student Assistance</b>			
Sheridan Scholarships, Bursaries, and Awards	September 2019 – August 2020		
External Awards	September 2019 – August 2020		
<b>Government income</b>			
Social Assistance		X12 mos	
Disability Assistance		X12 mos	
Employment Insurance		X12 mos	
Second Career			
<b>External Financial Assistance</b> <i>*Amounts used toward school</i>			
Credit Card(s)		X12 mos	
Line of Credit		X12 mos	
Student Bank Loan(s)		X12 mos	
Other Resources: explain below		X12 mos	
<b>Total Resources (A)</b>			

PROJECTED EXPENSES			
	Monthly Amount	Time Period	Total
<b>School</b>			
Student Fees		September 2019 – August 2020	
Books		September 2019 – August 2020	
Supplies and Equipment		September 2019 – August 2020	
<b>Housing</b>			
Residence/Rent		X12 mos	
Utilities <i>Gas, Hydro, Water</i>		X12 mos	
Cable/Internet		X12 mos	
<b>Personal</b>			
Cell/Home Phone		X12 mos	
Clothing		X12 mos	
Personal Products		X12 mos	
Transportation <i>To/From School</i>		X12 mos	
Food <i>Groceries/Eating Out</i>		X12 mos	
Child Care <i>Daycare, Child Expenses</i>		X12 mos	
Laundry		X12 mos	
Other Expenses: explain below		X12 mos	
<b>Total Expenses (B)</b>			

<b>Total Resources (A) – Total Expenses (B) =</b>
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