

Work Study Assistance Program: Part-time Employment

This application is for domestic students securing part-time on-campus employment with a Work Study employer while enrolled in a post-secondary program at Sheridan. Visit

<https://www.sheridancollege.ca/admissions/financial-aid-and-awards/work-study-assistance> for eligibility criteria.

Enrollment will be verified after the first 10 days of the term.

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?

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 2019/2020 academic year, you must complete the attached budget.

If you are enrolled in a coop semester, you must provide a copy of your 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 authorize the release of the information contained in this application to those parties involved in the review process for Work Study.

Student Signature	Date
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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
Personal			
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	
Government and Student Assistance			
Sheridan Scholarships, Bursaries, and Awards	September 2019 – August 2020		
External Awards	September 2019 – August 2020		
Government income			
Social Assistance		X12 mos	
Disability Assistance		X12 mos	
Employment Insurance		X12 mos	
Second Career			
External Financial Assistance <i>*Amounts used toward school</i>			
Credit Card(s)		X12 mos	
Line of Credit		X12 mos	
Student Bank Loan(s)		X12 mos	
Other Resources: <i>*explain below</i>		X12 mos	
Total Resources (A)			

PROJECTED EXPENSES			
	Monthly Amount	Time Period	Total
School			
Student Fees	September 2019 – August 2020		
Books	September 2019 – August 2020		
Supplies and Equipment	September 2019 – August 2020		
Housing			
Residence/Rent		X12 mos	
Utilities <i>Gas, Hydro, Water</i>		X12 mos	
Cable/Internet		X12 mos	
Personal			
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: <i>*explain below</i>		X12 mos	
Total Expenses (B)			

Total Resources (A) – Total Expenses (B) =
