

## Domestic Work Study Program: Co-op/Internship Employment

*This application is for domestic students securing a full-time Co-op/Internship position with a Sheridan Work Study employer while enrolled in a post-secondary program at Sheridan.*

Visit [workstudy.sheridancollege.ca](http://workstudy.sheridancollege.ca) for eligibility criteria.

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

All communications will occur via your **Sheridan student email account**.

**Submit this document from your Sheridan student email account to [workstudy@sheridancollege.ca](mailto:workstudy@sheridancollege.ca)**

### To be completed by student

Last Name:

Preferred First Name:

Student Number:

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

Do you have an OSAP funding assessment in the 2021/2022 academic year?

Have you applied for student aid from a Province/Territory other than Ontario in the 2021/2022 academic year?

*If you do not have a funding assessment from OSAP or student aid from another Province/Territory in the 2021/2022 academic year, you must complete the attached Budget Form.*

*If you do have a funding assessment from OSAP or student aid from another Province/Territory in the 2021/2022 academic year, do not complete the attached Budget Form.*

#### 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

**Send this document to your employer to complete this section before submitting.**

**To Be Completed by Employer**

**Please also attach a copy of the student's Co-op/Internship Confirmation of Employment**

Department:

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

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

Contract Start Date:

Contract End Date:

Hours/Week:

Hourly Rate:

# Budget Form

Please fill out the budget to the best of your ability. Email [workstudy@sheridancollege.ca](mailto:workstudy@sheridancollege.ca) if you have any questions or need clarification.

Fill out the budget for the current academic year starting from September 1, 2021 to August 31, 2022.  
Applications will not be processed with \$0 resources.

PROJECTED RESOURCES			
	Monthly Amount	# of Months	Total
<b>Personal Resources</b>			
Savings as of August 20, 2021 <i>*This amount should not change from any previous applications this academic year.</i>			
Parental Assistance <i>*Including RESP</i>			
Employment Income <i>*Not including Work Study position</i>			
Child Support			
<b>Student Assistance</b>			
Sheridan Scholarships, Bursaries, and Awards	September 2021 – August 2022		
External Awards	September 2021 – August 2022		
Sponsorship			
<b>Government Resources</b>			
Social Assistance <i>Ontario Works, Canada Child Benefit, etc.</i>			
Disability Assistance			
Employment Insurance/CERB/CRB/CCRB			
Second Career Government funding program			
<b>External Financial Resources</b>			
Credit Card(s)			
Line of Credit			
Student Bank Loan(s)			
Other Resources: <i>explain below</i>			
<b>Total Resources (A)</b>			

Other Resources:

PROJECTED EXPENSES			
	Monthly Amount	# of months	Total
<b>School Expenses</b>			
Student Fees	September 2021 – August 2022		
Books	September 2021 – August 2022		
Supplies and Equipment <i>Computer, Dance Attire, Art Supplies, etc.</i>	September 2021 – August 2022		
<b>Housing Expenses</b> <i>*Only declare the share of expenses that you pay.</i>			
Residence/Rent			
Utilities <i>Gas, Hydro, Water</i>			
Cable/Internet			
<b>Personal Expenses</b> <i>*Only declare the share of expenses that you pay.</i>			
Cell/Home Phone			
Clothing			
Personal Products <i>Toiletries, Hygiene/Health Products, Hair/Makeup Products, etc.</i>			
Transportation <i>To/From School</i>			
Food <i>Groceries/Eating Out</i>			
Childcare <i>Daycare, Child Expenses</i>			
Laundry			
Other Expenses: <i>explain below</i>			
<b>Total Expenses (B)</b>			

Other Expenses:

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