

WORK STUDY ASSISTANCE PROGRAM

2017-2018 Between Academic Terms (BAT) Application Form Fall 2017

Deadline: September 29, 2017

This application is for students securing full-time on-campus employment with a work study employer while they are between academic terms or on a co-op term. Applications may be submitted two weeks prior to the first day of term, with decisions being made once the application has been reviewed.

Please note: International students are not eligible to apply for the Work Study program

PERSONAL INFORMATION			
Last Name:		First Name:	
Student Number:		Social Insurance Number:	
Sheridan E-mail Address*:			
*All communications will occur via your Sheridan email account.			
Program of Study:			
Full-time Student: YES <input type="checkbox"/> NO <input type="checkbox"/>		1 st year <input type="checkbox"/>	2 nd year <input type="checkbox"/> 3 rd year <input type="checkbox"/> 4 th year <input type="checkbox"/>
Are you a Canadian Citizen / Permanent Resident / Protected Person? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you applied for OSAP for the 2017-2018 academic year? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you a resident from a province other than Ontario? YES <input type="checkbox"/> NO <input type="checkbox"/>			
-If Yes and you are receiving a government issued student loan from your home province, please provide your Notice of assessment.			
Marital Status: Single <input type="checkbox"/> Married/Common Law <input type="checkbox"/>			
Do you have dependent children? YES <input type="checkbox"/> NO <input type="checkbox"/>		Ages:	
Have you secured a full-time work study job on campus? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employer USE ONLY			
Operational Manager's Name:		Department # (Required):	
Campus: Davis <input type="checkbox"/> Hazel McCallion <input type="checkbox"/> Trafalgar <input type="checkbox"/>			
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 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			
Signature of Student		Date	
AWARDS OFFICE USE ONLY			
Date:	Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Terms: 1179 <input type="checkbox"/> 1181 <input type="checkbox"/>	
Full Time next term: Yes <input type="checkbox"/> No <input type="checkbox"/>	Email sent to student/employer: Yes <input type="checkbox"/> No <input type="checkbox"/>		

STUDENT NAME: _____ STUDENT NO.: _____

Complete the budget form below calculating your resources and expenses for your **eight month** study period. If you are a **co-op** student you may apply only if you are currently in an academic term in which case complete the budget for the **four months** of your academic term.

FINANCIAL RESOURCES			ESTIMATED EXPENSES		
Savings at the beginning of study period			Full Year Tuition Fees		
Gifts, monthly allowances, cash provided by parents, guardians, spouse or others. Include any amounts paid towards tuition or educational costs			Books/Supplies		
Government Income: <i>(check all that apply)</i> <input type="checkbox"/> Child Tax Benefit <input type="checkbox"/> Social Services <input type="checkbox"/> GST rebate <input type="checkbox"/> CPP <input type="checkbox"/> ODSP	\$ _____ X _____ Amount Months	=	Phone/Cable/Internet	\$ _____ X _____ Amount Months	=
			Utilities (natural gas, hydro, water)	\$ _____ X _____ Amount Months	=
Government Student Assistance: <i>(check all that apply)</i> <input type="checkbox"/> OSAP <input type="checkbox"/> Out of province <input type="checkbox"/> Second Career student loans (Provide copy of Second Career contract) <input type="checkbox"/> Part-time loans	\$ _____ X _____ Amount Months	=	Housing: <input type="checkbox"/> Residence <input type="checkbox"/> Living Away from Home <input type="checkbox"/> Living with Family or Relatives	\$ _____ X _____ Amount Months	=
Other resources (list): <i>(check all that apply)</i> <input type="checkbox"/> Second Career <input type="checkbox"/> Cashed in RRSP (Provide copy of Second Career contract) <input type="checkbox"/> Registered Education Savings Plan <input type="checkbox"/> Bank Loan/Line of Credit (available balance) <input type="checkbox"/> External Awards <input type="checkbox"/> Child Support	\$ _____ X _____ Amount Months	=	Food: <input type="checkbox"/> Married/Sole Support <input type="checkbox"/> Living Away from Home <input type="checkbox"/> Living with Family or Relatives	\$ _____ X _____ Amount Months	=
Employment Income	\$ _____ X _____ Amount Months	=	Transportation - Actual cost of travel to/from school	\$ _____ X _____ Amount Months	=
Scholarships/Bursaries	\$ _____ X _____ Amount Months	=	Child Care	\$ _____ X _____ Amount Months	=
Other Income <i>(please specify)</i> : _____ _____ _____	\$ _____ X _____ Amount Months	=	Personal Care Products/Laundry/Clothing	\$ _____ X _____ Amount Months	=
			Other Educational Expenses <i>(please specify)</i> : _____ _____	\$ _____ X _____ Amount Months	=
TOTAL RESOURCES (A):			TOTAL EXPENSES (B):		

UNMET NEED (SUBTRACT TOTAL RESOURCES (A) – TOTAL EXPENSES (B): \$ _____)

Applications will not be assessed with \$0 resources reported or incomplete form/ budget.