

WORK STUDY ASSISTANCE PROGRAM

2017-2018 Part-Time Employment Application Form for Fall 2017

Deadline: September 29, 2017

This application form is for students securing part-time on-campus employment positions while attending Sheridan on a full-time basis. Applications may be submitted two weeks prior to the first day of term, with decisions being made once the application has been reviewed. Full Time enrollment will be verified after the first 10 days of the term. If your enrollment status has changed, please notify your employer/Awards Office.

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 (Mandatory):
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 part-time employment 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 review process for work study.	
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"/>
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.

Please note: Approved OSAP students are NOT required to complete the budget form.

IF you have NOT BEEN approved for OSAP or have only been approved for the Ontario Tuition Grant you are required to complete the budget form.

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	=	
Government Student Assistance: <i>(check all that apply)</i> <input type="checkbox"/> OSAP <input type="checkbox"/> Out of province student loans <input type="checkbox"/> Second Career (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"/> External Awards <input type="checkbox"/> Cashed in RRSP <input type="checkbox"/> Registered Education Savings Plan <input type="checkbox"/> Bank Loan/Line of Credit (available balance) <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 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.