



NAME:		E-mail address:	
Local mailing address (include city & postal code):			
S.I.N.:	STUDENT #:	YR. IN PROGRAM:	
PROGRAM:	CONCENTRATION:	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate
LOCAL PHONE #:	D.O.B.:		
MARITAL STATUS:	Married <input type="checkbox"/>	Sole Support Parent <input type="checkbox"/>	Single <input type="checkbox"/>

Are you: a Canadian citizen/permanent resident Other _____

ELIGIBILITY - To qualify for the Work Study Program you must:

- have financial needs relating directly to educational and **essential** living expenses.
- not be fully sponsored.**
- be registered in a minimum 60% course load**
- International students do not normally qualify, must demonstrate a high financial need due to exceptional circumstances**

RESIDENCY - Please check the one statement that best describes your current situation:

- You have lived in Ontario for at least 12 months in a row up to the beginning of your full-time post secondary studies
- Your spouse has lived in Ontario for at least 12 months in a row up to the beginning of the 2009-2010 study period and your spouse was not enrolled in full time post secondary studies during this 12 month period
- Your parent(s), step-parent(s), legal guardian(s), or official sponsor(s) have lived in Ontario for at least 12 months in a row up to the beginning of your 2009-2010 study period
- You are currently living in Ontario during your study period

When did you complete full-time high school studies? _____ / _____
Year Month

Accommodations while attending university : **Living with parents** **Living away from home**

Do you receive a tuition exemption? Yes No

SOURCES OF OTHER FINANCIAL SUPPORT

If you have been out of high school for 4 years (defines independent status) you are not required to complete the following:

Parents Marital Status: Married Separated Divorced Widowed

Father's **2008** income as reported on line 150 of Income Tax Return \$ _____
 Mother's **2008** income as reported on line 150 of Income Tax Return \$ _____
 Number of dependent children in family (including applicant)..... _____
 Number of dependent children that are full time post secondary students..... _____

OFFICE USE ONLY

WSLUW (Laurentian): <input type="checkbox"/>	WSONT (Ontario) : <input type="checkbox"/>	WSINW (International): <input type="checkbox"/>	Not eligible: <input type="checkbox"/>
FAA Signature: _____		Date: _____	

BUDGET: From September 2009 To April 2010
 Month Month

INCOME / RESOURCES	EXPENSES
Bank balance at beginning of school <i>(Before paying tuition and school expenses)</i> \$ _____	Tuition and incidental fees \$ _____
Parents(s) contribution \$ _____ <i>(If amount here is 0 provide an explanation)</i>	Books and supplies \$ _____
Spouse's net annual income <i>(after deductions)</i> \$ _____ X _____ months \$ _____	Rent / Residence \$ _____ X _____ months \$ _____
Academic Awards \$ _____ <i>(scholarships / bursaries)</i>	Utilities, <i>e.g. phone, heat, hydro...</i> \$ _____ X _____ months \$ _____
Part-time earnings \$ _____ X _____ months \$ _____	Food / Meal plan \$ _____ X _____ months \$ _____
Part-time work-study earnings \$ _____ X _____ months \$ _____	Personal Items, <i>e.g. haircuts, hygiene products...</i> \$ _____ X _____ months \$ _____
OSAP <i>(or other provincial student assistance)</i> \$ _____	Transportation Local \$ _____ X _____ months \$ _____
Government income (specify) <i>(e.g. Orphan's Benefits, Native Postsecondary Student Support Program, Family Benefits...)</i> \$ _____ X _____ months \$ _____	Home \$ _____ X _____ months \$ _____
All other income <i>(specify)</i> \$ _____	Entertainment \$ _____ X _____ months \$ _____
Investments, e.g. GIC's, bonds, mutual funds \$ _____	Medical / Dental <i>(attach receipts)</i> \$ _____
TOTAL \$ _____	Clothing \$ _____
	Child care <i>(attach receipts)</i> \$ _____
	Other <i>(specify)</i> \$ _____
	TOTAL \$ _____
NEED : Subtract total expenses from total income/resources \$ _____	

DECLARATION

I have submitted complete and true information on this form. I also realize that any work study earnings received may reduce my OSAP entitlement and/or may cause an overaward. I certify that, to the best of my knowledge, the above information is true and correct and that I require additional assistance to complete my studies. My academic progress is satisfactory and I agree to notify the Student Awards Office, in writing, of any changes in my academic or financial status during the period covered by this application. Furthermore, I understand that any income, from ALL sources during the 2009-10 academic year (if I am receiving OSAP), that exceeds a total of \$1700 might reduce my current or future OSAP entitlement. I also understand that I may be required to repay any overpayment as a result of earnings, and that any overpayment may also affect my Ontario Student Opportunity Grant (i.e. loan forgiveness).

Signature: _____ Date: _____

**PLEASE COMPLETE AS ACCURATELY AND COMPLETELY AS POSSIBLE.
 INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

Return completed application to:
 Student Awards Office, 1st floor, R.D. Parker Bldg.
 Laurentian University, Ramsey Lake Rd., Sudbury, Ont. P3E 2C6
 Tel: (705) 673-6578 - Fax: (705) 675-4865