OCAD U WORK-STUDY 2023/24 APPLICATION FORM

	FINANCIAL	
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ABOUT THE WORK- STUDY PROGRAM	Work-Study consists of part-time employment for student supplement OSAP assistance received by students, or to as	s on or near campus while they are enrolled in a program of instruction, to ist other students with demonstrated financial need.		
ELIGIBILITY TO APPLY	 Must be a Canadian Citizen, Permanent Resident, or Prote Must be either an Ontario resident or out-of-province stuc was assessed and issued funding, or band funded student, 	udent at OCAD U during the 2023/24 academic year (as <u>defined by</u> OSAP). cted Person ent and submitted an error free loan application for the 2023/24 academic year that or demonstrate financial need) nt, you must attach a copy of your loan/student aid assessment		
PERSONAL INFORMATION				
LAST NAME FIRST NAME OCAD U STUDENT#				
l am a full-time studen	t and I am currently in receipt of OSAP t and have applied for Out-of-province loans or Band funding t not on student aid and have completed the budget on page			
NOTIFICATION Decisions are emailed within 5-7 business days from receipt of application, starting <mark>August 30, 2023</mark> .				
PROTECTION OF PRIVACY STATEMENT: At OCAD U, we recognize and respect the importance of your privacy. Personal information is collected, used, disclosed and kept confidential in accordance with the Freedom of Information and Protection of Privacy Act. The Financial Aid & Awards Office will use the information collected on this form to process your application and decide on your eligibility for this program. Questions about the collection and disclosure of this information can be directed to the Financial Aid & Awards office.				
CONSENT AND SIGNATURE: I have read and agree to the following: 1. Information I have provided on this form is complete and accurate and I will notify FAA Office in writing of any changes to my academic, financial, family, or study period status 2. All information provided in connection with this application is subject to verification and audit by OCAD U and the Ministry of Colleges & Universities 3. I understand OCAD U may disclose information on this form to the Ministry Colleges & Universities to verify and/or update information about this application				
TYPE/SIGN NAME DATE				
FOR OFFICE USE ONLY				
WORK-STUDY		COMMENTS:		
APPROVED				
DENY	FT PT			
APPROVAL LETTER TO STUDENT	Y N			
DENY LETTER TO STUDENT	Y N			
INITIAL :	DATE:			
WHEN COMPLETE, SAVE THIS PDF AND EMAIL WITH ALL REQUIRED DOCUMENTS TO FINANCIALA@OCADU.CA. INCOMPLETE APPLICATIONS WILL BE DENIED				



OCAD U IWSP Budget Form

2023/24

Only complete this budget form if you are not on OSAP, Out-of-province loans or Band funding.

FIRST NAME	LAST NAME	STUDENT #	

COMPLETE THIS BUDGET FOR THE 8 MONTH STUDY PERIOD (Sept 2023 - April 2024) Students must demonstrate financial need to be eligible.

INCOME	MONTHLY INCOME (\$)	# OF MONTHS	TOTAL
Government Income (ie. ODSP, OW, CERB)			
Loans (ie. bank loans)			
Parental/Spousal/Child Support			
Scholarships/Awards/Bursaries			
Savings (ie. Bank balance)			
Investments (ie. GICs, TFSA)			
Other Income			
TOTAL (A)			

EXPENSES	MONTHLY EXPENSE (\$)	# OF MONTHS (if applicable)	TOTAL
Tuition			
Books/Supplies			
Rent			
Groceries			
Utilities (ie. Hydro)			
Transportation (ie. TTC/GO)			
Internet/Cellphone			
Personal Care/Laundry			
Technology (ie. laptop repair)			
Medical Expenses			
Other Expenses (please specifiy):			
TOTAL (B)			\$

EXPENSES (B)	INCOME (A)	TOTAL (C)
		(B-A=C)
\$	\$	\$