

**\*\*\*Do not complete the application until you have read the following thoroughly\*\*\***

**NOTE: This is NOT an application for employment – it is an application to establish ELIGIBILITY**

#### **PURPOSE OF THE PROGRAM:**

The Canadore Work-Study Program (CWSP) provides part-time, on-campus employment to students whose financial needs have not been fully met.

Work-Study is not intended to replace OSAP or provide emergency funding; it is to act as a supplement to other larger resources.

#### **STUDENT ELIGIBILITY CRITERIA:**

Eligibility for the program does not mean a job is guaranteed!

Students **cannot** hold more than one position SIMULTANEOUSLY in any given academic year.

To be CONSIDERED for participation in Work-Study, a student must:

- ① Be a Canadian citizen.
- ② Be enrolled for the Fall/Winter term at Canadore College.
- ③ Be in good academic standing with a minimum GPA of 2.0
- ④ Have unmet financial need with which the program can reasonably assist, beyond OSAP & other available resources.

#### **HOURS OF WORK:**

Students are not scheduled for more than 10 hours per week between September 2021 and April 2022. All Canadore Work Study students must maintain registration in at least 60% of a full course load in both terms, or 40% with a documented permanent disability. It is the responsibility of the student to inform the Financial Aid Office if he/she drops below these levels.

#### **APPROVALS:**

Your application will be reviewed and you will be notified of your eligibility status via your e-mail account within 1 week. **Once you receive this confirmation, attach a copy of it to your resumé and submit it to the supervisor listed on the job posting(s) you are interested in.**

#### **APPLICATION REQUIREMENTS:**

A detailed explanatory letter may be requested if either of the following situations apply to your financial aid information:

1. There are special circumstances that limit the support provided by your family or spouse.
2. There has been a sudden change in your individual or family situation.

Students who apply and are refused by OSAP can apply for Work-Study, but are expected to demonstrate a serious financial need with which the Work Study program can reasonably assist. Students must provide an explanation as to why the assumed resources are unavailable.

Complete the budget (Section 5) for the study period. Students registered for only one term should estimate for four months of expenses.

Married students should indicate total spousal income (after compulsory deductions) for eight months under "Family Contribution" on the budget form. Total family expenses should be provided.

#### **PROTECTION OF PRIVACY**

The information on this form is collected under the authority of the Ontario Colleges of Applied Arts and Technology Act. Canadore College uses relevant personal information on this form to administer scholarships, bursaries, awards, loans, work study and OSAP for the purposes of determining eligibility, verifying the application and calculating entitlements. The personal information may be disclosed to employees of the college, donors, the federal government, and ministries of the Ontario government for the purpose of notification and verification of the application of any award. If you have any questions about the collection, use and disclosure of this information, please contact the Financial Aid Office, Canadore College, 100 College Drive, North Bay, ON P1B 8K9, 705-474-7601, ext. 5123.

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## SECTION 1 – PERSONAL INFORMATION

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Social Insurance Number \_\_\_\_\_

Student Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

e-mail address \_\_\_\_\_

Marital Status: Single  Married/Common Law  Divorced/separated/widowed  Sole-Support Parent

Number of dependents (if any) residing with you full-time during the study period \_\_\_\_\_

Names and dates of birth of dependents \_\_\_\_\_

I am a Second Career student yes  no

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## SECTION 2 – ACADEMIC INFORMATION

Program of Study (e.g. Dental Assistant, Aircraft Maintenance, etc.) \_\_\_\_\_

I am in year      1      2      3                      of a      1      2      3      year program (circle).

I am/will be registered in  60% or greater of a full course load (over the Fall/Winter)

40% or more of a full course load, with a documented permanent disability

I am on academic probation    yes     no  (if yes, you are ineligible to apply)

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## SECTION 3 – FINANCIAL AID INFORMATION

**Please read the cover page to determine if you need to attach an explanatory letter.**

Have you applied for OSAP assistance for the 2021/2022 academic year?

No    Students complete, in its entirety, the **budget** attached on page 3.

Yes    If yes, but you have not yet received the results, please indicate the date that you applied for OSAP. \_\_\_\_\_

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## SECTION 4 – FAMILY INFORMATION

You **must** complete this section only if you are **married/living common-law**. If the financial support provided by your spouse is severely restricted, please attach a letter explaining why.

Gross 2020 annual income (line 15000 - before deductions) as filed with Canada Customs and Revenue Agency:

Spouse: \$ \_\_\_\_\_

Number in your immediate family attending a post-secondary institution full-time \_\_\_\_\_

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**Complete the attached budget only if you are not receiving OSAP. Refer to Page 1 for direction. Either way, don't forget to sign the "Declaration" at the bottom!**

### For Office Use Only:

OSAP \_\_\_\_\_  
Enrolled \_\_\_\_\_

Fees \_\_\_\_\_  
GPA \_\_\_\_\_

Sec. Car. \_\_\_\_\_  
Email \_\_\_\_\_

App Saved \_\_\_\_\_  
List \_\_\_\_\_

**SECTION 5 – BUDGET**

Complete only if you are **NOT** receiving OSAP. Refer to first page for direction.

**INCOME/RESOURCES FOR SCHOOL YEAR/TERM**

Bank Balance at beginning of school period (First day of the month that study period begins)		\$ _____
Family Contribution to Education		\$ _____
Trust Funds/Bonds/RESPs		\$ _____
Bank Loan/Line of Credit (must attach copy of agreement)		\$ _____
Spouse's Gross Income during your academic year	x ___ months =	\$ _____
Part-time Employment (during academic year)	x ___ months =	\$ _____
Government Income - EI, Native Sponsorship, ODSP, CPP, NPREP, Second Career, Child Tax Benefits, etc.	x ___ months =	\$ _____
OSAP (or other Provincial) loan/grant for this academic year		\$ _____
Bursaries or Scholarships for this academic year		\$ _____
Other Income (please specify) _____		\$ _____
<b>TOTAL INCOME/RESOURCES</b>		<b>\$ _____</b>

**LIVING EXPENSES FOR SCHOOL YEAR/TERM**

Tuition		\$ _____
Books and Equipment		\$ _____
Rent/Mortgage/Residence	x ___ months =	\$ _____
Food/Personal (ie. toiletries)	x ___ months =	\$ _____
Basic Telephone/Internet	x ___ months =	\$ _____
Heating/Electricity	x ___ months =	\$ _____
Child Care (unsubsidized)	x ___ months =	\$ _____
Transportation ( <u>Do not</u> include vehicle payments, insurance or maintenance)	x ___ months =	\$ _____
Medical/Dental (your costs-must attach copy of bill)	x ___ months =	\$ _____
Clothing/Laundry	x ___ months =	\$ _____
Entertainment	x ___ months =	\$ _____
Other (please specify)	x ___ months =	\$ _____
<b>TOTAL EXPENSES</b>		<b>\$ _____</b>
<b>NEED (Subtract total expenses from total income/resources)</b>		<b>\$ _____</b>

**SECTION 6 – DECLARATION**

I certify that I have read the accompanying cover page and that the information presented above and in any additional letter I may provide is true and fairly represents my financial situation. **I also understand that should I receive a Work Study position, I must report this income to OSAP and any income received under the program could reduce my OSAP entitlement.**

DATE: \_\_\_\_\_ SIGNATURE OF STUDENT: \_\_\_\_\_

*\*\*False information will result in the cancellation of this application and participation in the program.\*\**

**Please return the completed application to  
finaid@canadorecollege.ca**