**ICANWORK APPLICATION**

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

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

**PURPOSE OF THE PROGRAM:**

The iCanWork Program provides summer employment to students returning to full-time studies in the fall of 2020. Funding source for summer employment wages are paid from Tuition-Fee Set Aside funds.

APPROVALS:

**Applicants to the iCanWork Program will be advised of their eligibility for the program via their e-mail account .**

**Once accepted for the program, students will print off their e-mail and attach it to their resume prior to submitting their application to the supervisor listed on the job posting(s).**

APPLICATION REQUIREMENTS:

A detailed explanatory letter **MUST** be attached to this application, if any of the following situations apply to your financial aid information:

1. Your OSAP entitlement was $0.
2. There are extenuating circumstances that limit the support provided by your family or spouse.
3. There has been a sudden change in your individual or family situation.

**Complete the budget** (Section 5) for the academic year beginning the first week of September and ending the last week of April.

Married students should indicate total spousal income (after compulsory deductions) for twelve 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. 5214.

## SECTION 1 – PERSONAL INFORMATION

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname First Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Insurance Number Student Number Email Account

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: Single ❒ Married/Common Law ❒ Divorced/separated/widowed ❒

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

## SECTION 2 – ACADEMIC INFORMATION

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

I have completed year 1 2 3 of a 1 2 3 year program (circle).

I was registered in ❒ 60% or greater of a full course load (over the Fall/Winter)

❒ less than a 60% course load, as a registered Special Needs student

I am on academic probation yes ❒ no ❒ (Must have a G.P.A. of 2.0 to be eligible to apply)

I will be returning to school in the Fall 2020 Yes or No (circle one)

Fall 2020 Program Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_

## SECTION 3 – FINANCIAL AID INFORMATION

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

Did you apply for OSAP assistance for the 2019/2020 academic year?

❒ Yes

❒ No Please specify other income resources that were utilized to help pay for your school year. \_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

## SECTION 4 – BUDGET Read the cover page of the application to ensure that the budget is properly completed.

|  |  |  |
| --- | --- | --- |
| **FINANCIAL RESOURCES (Sept-APR):** | | |
|  | |  |
| Previous savings (including all investments, bank balance, etc.) | | **$** |
| Net Earnings during study period (if you are working part time) | | **$** |
| Family contributions (parents, spouse, etc.) | | **$** |
| OSAP – Amount received for 2019-2020 academic year | | **$** |
| Government assistance (C.P.P.,Child Tax Benefit, CCCB., Second Career, Native Sponsorship etc. – monthly amount X \_\_ mos.) | | **$** |
| Scholarship / Fellowship / Bursaries | | **$** |
| Other (specify – eg. bank loan, line of credit, attach copy of agreement):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **$** |
| TOTAL RESOURCES | | **$** |
|  | | |
| **Expenses (Sept – APR):** | | |
| Total tuition and compulsory fees |  | **$** |
| Books / supplies / equipment |  | **$** |
| Rent / residence costs | $ \_\_\_\_\_\_\_\_\_\_ x \_\_ months | **$** |
| Utilities / phone/ internet | $ \_\_\_\_\_\_\_\_\_\_ x \_\_ months | **$** |
| Food & Household costs | $ \_\_\_\_\_\_\_\_\_\_ x \_\_ months | **$** |
| Transportation  (Note: Do not include vehicle payments, insurance or maintenance) | $ \_\_\_\_\_\_\_\_\_\_ x \_\_ months | **$** |
| Medical / dental costs (you pay) | $ \_\_\_\_\_\_\_\_\_\_ x \_\_ months | **$** |
| Recreation / entertainment | $ \_\_\_\_\_\_\_\_\_\_ x \_\_ months | **$** |
| Miscellaneous personal (shampoo, soap, etc.) | $ \_\_\_\_\_\_\_\_\_\_ x \_\_ months | **$** |
| Clothing & laundry | $ \_\_\_\_\_\_\_\_\_\_ x \_\_ months | **$** |
| Childcare expenses (unsubsidized) | $ \_\_\_\_\_\_\_\_\_\_ x \_\_ months | **$** |
|  | TOTAL EXPENSES | **$** |
|  |  |  |
| 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, 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.\*\** | | |

OFFICE USE ONLY

Approved Denied Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

〇 OWSP 〇 OWSP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

〇 iCanWork 〇 iCanWork Approval date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MTCU Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_