

Financial Aid and Awards
Form #2

Changes in Student Financial Status

LAST NAME: _____ FIRST NAME: _____

STUDENT NUMBER: _____ SIN NUMBER: _____

PHONE NUMBER: _____ EMAIL: _____

PROGRAM _____ START DATE: _____ END DATE: _____

My OSAP file needs to be adjusted to reflect the following income changes for the current academic year.

Income:

January 1 to December 31	\$
January to beginning of pre-study * e.g. January - May	\$
Pre-study period income *e.g. May - September	\$
*Pre-study period income from ODSP <input type="checkbox"/> or Ontario Works <input type="checkbox"/> (check type of funding)	\$
<p>•Note: The pre-study period is the number of weeks prior to the school year beginning determined the following:</p> <ol style="list-style-type: none"> 1. If you completed secondary school in June, the pre-study period starts 9 weeks before the college school year begins. 2. If you have not been attending any school recently, the pre-study period is the 16 week period before your school year begins. 3. If you <u>have</u> been in attendance at another college or university within the past two or three months, ask Financial Aid if you are unsure how to calculate the pre-study period. 	
INCOME DURING STUDY PERIOD	
Government Benefits \$ _____ per month x _____ (number of months in school year)	\$
Please indicate source of Government benefits: See reverse for listing	
Scholarships, Bursaries and Awards	\$
RESP cashed for this year	\$
Gross Part-Time Employment/other income - first semester	\$
Gross Part-Time Employment/other income - second semester	\$
Gross Part-Time Employment/other income –third semester (if applicable)	\$
Support Payments \$ _____ per month x _____ number of months in school year	\$
Other income not indicated above (expected during school year) (specify type):	\$
TOTAL INCOME RECEIVED DURING STUDY PERIOD	\$

DECLARATION I will notify Student Financial Aid and Awards in writing of any further changes in my financial, academic, family or study-period status since I understand that **these changes may affect my assessment.**

REQUIRED

Applicant's signature	Date
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GOVERNMENT BENEFITS:

- Employment Insurance (EI)**
- Loss of Earnings Benefits (WSIB)**
- Extended Care and Maintenance Allowance from Children's Aid**
- Ontario Disability support Program (ODSP)**
- Ontario Works (OW)**
- Native Postsecondary Student Support Program**
- Canada Pension Plan (Orphan's Benefits, Survivor's Benefits, Disabled Contributor's Child's Benefits)**
- Other: (please specify) _____**