

2023-2024 OSAP CHANGE FORM

Please return this form and all applicable supporting documentation to:

Student Financial Services

Room144, Wemple Building, King's University College

Fax: 519-963-0975 Email: studentfinance@kings.uwo.ca

OFFICE USE ONLY

Inputted Online by: _____

Inputted Online (Date): _____

Last Name:

First Name:

Email:

Student No:

In the sections below, enter the total gross earned and expected resources in dollars only (\$) for your applicable study period.

Please select "✓" one:

- ☐ September 7, 2023 - April 30, 2024
- ☐ September 7, 2023 - December 22, 2023
- ☐ January 8, 2024 - April 30, 2024
- ☐ Other _____ to _____

Do you expect to receive scholarships, bursaries and/or awards during your study period? If Yes, enter amount and scholarship name: _____. (Note: Do **NOT** include any funding from King's University College, Student Financial Services will input on your behalf).

New Totals (in dollars only. Do not enter cents)

Do you expect to receive Social or Financial Assistance from government programs during your study period? If Yes, please state what type of assistance and amount: _____.

Do you expect to earn or receive income totaling \$5,600 per term during your study period? For example, if your Study period is September to April, do you expect to receive income totally \$11,200 or more? If Yes, enter amount.

Do you expect to receive an allowance from the continued care and support for youth under Section 124 of the Child, Youth and Family Services Act (CYFSA) program during your study period?

Course load Changes:

Change in Circumstances:

Types of Government Assistance

Canada Pension Plan, Employment Insurance, Loss of Earnings (WSIB), Ontario Disability Support Program, Ontario Works, Second Career Strategy Funding, Canada Ontario Job Grant or Other.

Include income from these sources:

Income from employment, Teaching or Research Assistantships, child support and/or spousal support, foster parent payments, rental income, investment income including interest and dividends, support provided through the Canada Emergency Response Benefit or the Canada Emergency Student Benefit

Do NOT include income from these sources:

HST/GST Rebates, Income Tax Refunds, Canada Child Benefit, Ontario Child Benefit, Ontario Child Benefit Equivalent Program, Ontario Trillium Benefit, Affordable Housing Program, Registered Education Savings Plans (RESPs), Continued Care and Support for Youth Allowances from an Ontario Children's Aid Society provided to youth between the ages of 18 to 21, Assistance for Children with Severe Disabilities, Entrepreneurial/Seed grants, Residential School Settlements, Hepatitis C compensation payments, Short-term Rent Support Program Veterans Affairs Disability Benefits, Victims compensation, Quest for God (Olympic training expenses), OSAP funding, **Do NOT include an award, bursary and /or scholarship from King's University College, Student Financial Services will input this information.**

Student Declaration: I declare that I have given complete and true information on this form. I understand that I must promptly notify the financial aid office or the ministry in writing of any change to the income or assets reported by me (and my spouse or parent(s), if applicable) or any changes to my address and/or financial, academic, family, and/or study period status. I also understand these changes may result in a change in my OSAP entitlement.

Student Signature: _____

Date: _____

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