

# KING'S UNIVERSITY COLLEGE WORK STUDY APPLICATION

**FOR REGISTERED KING'S UNIVERSITY COLLEGE STUDENTS ONLY**

RETURN TO: King's University College, Student Financial Services, 266 Epworth Avenue, London ON N6A 2M3

**IMPORTANT:**

*You must complete all sections of this application and attach the required documentation or your application will be refused.*

**PERSONAL DATA**

|                |               |
|----------------|---------------|
| Surname        | First Name    |
| Student Number | Email Address |

|                       |                  |
|-----------------------|------------------|
| Local Mailing Address | City             |
| Postal Code           | Telephone Number |

|                        |                  |
|------------------------|------------------|
| Permanent Home Address | City             |
| Postal Code            | Telephone Number |

|  |  |
|--|--|
| Gender   | <input type="checkbox"/> Male <input type="checkbox"/> Female  |
| Citizenship <input type="checkbox"/> Canadian <input type="checkbox"/> Other (specify) _____ | Home Province <input type="checkbox"/> Ontario <input type="checkbox"/> Other Prov/Country (specify) |

**REGISTRATION INFORMATION**

|   |  |   |
|---|--|---|
| Year of Study:<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | Previous Years Average: _____ %<br>Are you on academic probation? <input type="checkbox"/> Yes <input type="checkbox"/> No | Course Load in %:<br>(Must be registered in 60% to be eligible, 40% if disabled). |
|---|--|---|

**Please note:** King's University College will be checking academic progress for purposes of assessing this application.

**REASON FOR REQUEST**

|  |  |
|--|--|
| <input type="checkbox"/> My OSAP award is not sufficient to cover my expenses. | <input type="checkbox"/> Other (specify) _____ |
|--|--|

**A letter must accompany this application which provides an explanation detailing your individual reasons for requesting financial assistance. Applicable parental or spousal information (ie., occupation, annual income, etc.) must be included.**

**STUDENT BUDGET (Page 2)**

To be completed by all applicants for this current study period.  
(If married, or sole support parent, complete budget with all family expenses and resources.)

# Budget Form

Name

Student Number

**Please include expenses and resources for the academic year, September to April**, unless you are studying in only one term and complete accordingly. If married, common-law, or single parent family, complete budget for all family expenses and resources. Ensure that you have completed this section accurately - applications that are incomplete and those that do not fully disclose resources will be denied.

**Proof is required for rent or mortgage ; copy of lease agreement, mortgage statement. No proof of King's Residence is required. If you require more space for information, please provide more detail/breakdown on an accompanying sheet.**

**If you did not apply for OSAP, please provide a letter explaining**

| <b>Expenses</b>   | <b>Expense Amount</b>                                   | <b>Resources</b>  | <b>Resource Amount</b>                                  |
|---|---|---|---|
| Tuition and Compulsory Fees \$  | <input style="width: 100%; height: 40px;" type="text"/> | OSAP Loans or Loans from Another Province \$            | <input style="width: 100%; height: 40px;" type="text"/> |
| Books and Educational Supplies \$   | <input style="width: 100%; height: 40px;" type="text"/> | Total OSAP Grants (Canada Grants / Ontario Grants) \$   | <input style="width: 100%; height: 40px;" type="text"/> |
| Rent/Mortgage/Residence *<br>Meal Plan 1 \$<br>Meal Plan 2 \$<br>Meal Plan 3 \$ | <input style="width: 100%; height: 40px;" type="text"/> | Savings (prior to expenses paid to the left) \$         | <input style="width: 100%; height: 40px;" type="text"/> |
| Food \$   | <input style="width: 100%; height: 40px;" type="text"/> | Parental/Relative Contribution \$                       | <input style="width: 100%; height: 40px;" type="text"/> |
| Household Items (non-food items) \$   | <input style="width: 100%; height: 40px;" type="text"/> | Spousal Net Income \$                                   | <input style="width: 100%; height: 40px;" type="text"/> |
| Utilities (Heat/Hydro/Water/Cable/Internet) \$                                  | <input style="width: 100%; height: 40px;" type="text"/> | <b>Available Personal Line of Credit</b> \$             | <input style="width: 100%; height: 40px;" type="text"/> |
| Phone (Landline, Long-Distance, Cell) \$  | <input style="width: 100%; height: 40px;" type="text"/> | Net Employment Income (excluding work study income) \$  | <input style="width: 100%; height: 40px;" type="text"/> |
| Total Clothing \$   | <input style="width: 100%; height: 40px;" type="text"/> | Scholarship/Awards/Bursary \$                           | <input style="width: 100%; height: 40px;" type="text"/> |
| Total Entertainment/Activities \$   | <input style="width: 100%; height: 40px;" type="text"/> | Government Funding - Please specify type below \$       | <input style="width: 100%; height: 40px;" type="text"/> |
| Personal Items \$   | <input style="width: 100%; height: 40px;" type="text"/> |   |   |
| Other Expenses - Please specify below \$  | <input style="width: 100%; height: 40px;" type="text"/> | Other Resources - Please specify below: \$              | <input style="width: 100%; height: 40px;" type="text"/> |
|   |   |   |   |
| <b>TOTAL EXPENSES</b> \$  | <input style="width: 100%; height: 40px;" type="text"/> | <b>TOTAL RESOURCES</b> \$                               | <input style="width: 100%; height: 40px;" type="text"/> |
| <b>FINANCIAL NEED</b>   | (Total Expenses - Total Resources) \$                   | <input style="width: 100%; height: 40px;" type="text"/> |   |

OSAP borrowed to date (not including OSAP for current academic year, September to April)

\$

Bank loans/Student Line of Credit borrowed to date (excluding current academic year, September to April) \$

## PRIVACY OF INFORMATION

**ALL** student information collected and recorded by the King's University College at the University of Western Ontario is considered **CONFIDENTIAL** and will be released only to the student concerned or to University staff for use in the course of their duties, or with written consent of the student as outlined in the UWO Guidelines on Access to Information and Protection of Privacy Policy and the Official Student Record Information Privacy Policy. Such authorization will be considered in effect until the student cancels the authorization.

### DECLARATION

I have read and agree to the following:

- 1) The information provided on this application is complete and accurate and I require additional funds to pursue my studies at the King's University College at the University of Western Ontario.
- 2) I consent to the use of personal information provided on this application or accompanying documentation, including my social insurance number, for the purpose of determining my eligibility for financial assistance.
- 3) All information provided in connection with this application is subject to audit and verification by King's University College at the University of Western Ontario. I consent to the disclosure of information on this application to the Ministry of Training, Colleges and Universities and any other source when necessary for audit and verification of the information provided. Documentation may be requested at a later date based on an audit.
- 4) If any information is found to be untrue, I agree to pay back any funds I have received as a result of the application.
- 5) The value of any bursary or award I receive will be applied to my student account.
- 6) The decision on my application for financial assistance and the amount of funding awarded, if applicable, will be communicated to me in writing or via my UWO e-mail account.
- 7) I consent to the disclosure of my name, address, biographical data, faculty, academic programs, any other personal information that confirms criteria to the donor of my bursary or award to be used in any publication associated with bursary/award.
- 8) I understand that if any information is found to be untrue, this application may be considered cancelled. I have no objection to College/University sources being contacted for corroborating information. **I will advise your office in writing of any course load changes, as it may affect my eligibility.**

Signature \_\_\_\_\_ Date \_\_\_\_\_