

2022-2023 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		Inputted Online by: Inputted Online (Date):	
Last Name:	First Na	me:	
Email:	Student	No:	
In the sections below, enter the total gross eafor your applicable study period (please chec		es in dollars only (\$)	New Totals (in dollars only. Do not enter cents)
 September 8, 2022 - April 30, 2023 			
o September 8, 2022 - December 22, 2022			
o January 9, 2023 - April 30, 2023			
o Other to			
Do you expect to receive scholarships, bursaries and/or awards during your study period? If Yes, enter amount.			
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 \$5,6 Study period is September to April, do you expect to r			
Course load Changes: Change in Circumstances:			
Types of Government Assistance Canada Pension Plan, Employment Insurance, Loss of Earnings (W Job Grant or Other. Include income from these sources: Income from employment, Teaching or Research Assistantships, conterest and dividends, support provided through the Canada Emeron NOT include income from these sources: HST/GST Rebates, Income Tax Refunds, Canada Child Benefit, Ont	child support and/or spousal support, fost ergency Response Benefit or the Canada ario Child Benefit, Ontario Child Benefit E	ter parent payments, rental income Emergency Student Benefit Equivalent Program, Ontario Trilliur	e, investment income including m Benefit, Affordable Housing
Program, Registered Education Savings Plans (RESPs), Continued the ages of 18 to 21, Assistance for Children with Severe Disabilit term Rent Support Program Veterans Affairs Disability Benefits, V bursary and /or needs-based scholarship from an Ontario public	ties, Entrepreneurial/Seed grants, Reside ictims compensation, Quest for God (Oly c college or university if the institution in	ntial School Settlements, Hepatitis mpic training expenses), OSAP func nforms you in writing that they wil	C compensation payments, Short- ling, Do NOT Include an award , I report it to OSAP directly.
Student Declaration: I declare that I have given complete and truin writing of any change to the income or assets reported by me and/or study period status. I also understand these changes may	(and my spouse or parent(s), if applicable	e) or any changes to my address an	·
Student Signature:	Date:		
The personal information on this form is collected under the auth Information Collection Notice, visit the Academic Calendar at			