Tel: 519-661-2100 Fax: 519-661-2083 email: bursary@uwo.ca

Fall 2013 Graduate Work Study Application Deadline: Sept 15, 2014

Student Financial Services Western Student Services Bldg. Room 1120 The University of Western Ontario

The University of Western Ontario London, ON N6A 3K7

To be eligible for Graduate Work Study consideration, students must have qualified for, and negotiated their OSAP (Ontario Student Assistance Program) maximum for the current year. Students in receipt of Out of Province student's loans are not eligible for consideration.

Did you apply for OSAP loans for this term? Yes No

Will you be receiving a Graduate Teaching Assistantship for the Fall 2014 academic term? Yes No

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Last Name	First Name		Student Number		
Home Address	City	Postal code	Telephone Number		
Address while attending Western	City	Postal code	Telephone Number		
UWO Email Address	Home Province: Ontario	Other (specify)	Gender: Male Female		
Citizenship: Canadian Permanent Resident Ott	her (specify)	Birth date (MM/DD/YY)://			
Faculty/Program:	Course Load: Full Time Part Time	Date of Graduation *REQUIRED* (MI	U		
Marital Status: Single Married Sole Support Parent # children and ages					
Number of people in your family, including yoursel					
Number of dependents attending a post-secondary i					

Educational Related Debt: PROGRAM AND LIVING EXPENSES ARE DETERMINED USING THE OSAP APPLICATION. STUDENTS DO NOT NEED TO COMPLETE AN EXPENSES SECTION

Do you currently have an outstanding bank loan or line of credit, relating to your education?	Yes	No
If yes, how much in interest payments do you expect to pay for the Fall 2014 term?	\$	
How much have you borrowed from Government Student Loans (Do not include amounts to be used		
for the Fall 2014 term).	\$	
How much have you borrowed from banks? (Do not include amounts to be used for Fall 2014 term).	\$	

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 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 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 this application.
- 5. The decision on my application for financial assistance and the amount of funding awarded, if applicable, may be communicated to me via my UWO email account.

Date	Signature