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<http://registrar.uvic.ca/safa/>

STUDENT AWARDS & FINANCIAL AID
WORK STUDY APPLICATION

NAME			Phone	
LAST	FIRST	MIDDLE	Email	
ADDRESS WHILE AT UVIC				
THIS IS your parents' home ? <input type="checkbox"/> University Residence ? <input type="checkbox"/> Rented ? <input type="checkbox"/> Self Owned ? <input type="checkbox"/>				
Student ID		Social Insurance Number		
Citizenship		Date of Birth		
Program of Study		Program Year ____ of ____ undergraduate <input type="checkbox"/> graduate? <input type="checkbox"/>		
Marital Status		Date of Separation/Divorce		
Spouse's Name		Spouse's Social Insurance Number		
Spouse's Occupation		Is your spouse receiving student loans ?		
<i>Please list dependents in your custody</i>				
Name		Age	Name	Age
1.			3.	
2.			4.	

ADDITIONAL INFORMATION

Please attach a letter describing any extenuating circumstances that should be considered

DECLARATION

I hereby declare that I have answered all questions on the front, and the budget on the reverse, of this form and that all information given is complete and true in every respect. I further declare that I am willing to submit any statements for independent verification and audit and that I will submit any documentation necessary to substantiate my claimed expenses. Furthermore, I agree that the University of Victoria has first claim to any monies earned, and that if my circumstances change from those reported on this application, the Work Study Authorization may be rescinded.

Signature

Date

OFFICE USE ONLY

MSOL	plus tuition & fees	plus books	plus child care	plus extra expenses	less resources	less other resources	less child care subsidy	equals assessed need
Assessed Need	Multiply by	equals W/S need	program weeks	multiply by	equals maximum hours	W/S award	W/S # of hours	hourly wage
	30%			10				\$10

B U D G E T

THIS IS AN **ORIGINAL APPLICATION** FOR THE TERM INDICATED BELOW

THIS IS A **REQUEST FOR RE-ASSESSMENT** FOR THE TERM INDICATED BELOW

PLEASE INDICATE FOR WHICH 8 OR 4 MONTH STUDY PERIOD YOU ARE APPLYING (SELECT ONE ONLY)

SEPTEMBER – DECEMBER

SEPTEMBER- APRIL

JANUARY – APRIL

EDUCATION EXPENSES		EDUCATION RESOURCES	
TUITION		SAVINGS	
BOOKS/SUPPLIES		AWARDS (Scholarships/Bursaries)	
OTHER		STUDENT LOAN	
EDUCATION EXPENSES TOTAL (A)	\$	EDUCATION RESOURCES TOTAL (C)	\$
MONTHLY EXPENSES		MONTHLY INCOME	
Housing		Net Part-Time Earnings (excluding projected Work Study earnings)	
Food		Grad Earnings (TA, Stipends, Fellowships)	
Utilities (phone/hydro/cable)		Parents Contribution	
Household (laundry/cleaning)		Social Assistance	
Transportation		Workers' Compensation or EI	
Entertainment		Sponsorship	
Medical/Dental/Optical		Orphan's Benefits/ CPP	
Child Care Costs (before subsidy)		Child Care Subsidy	
Miscellaneous		Spouse's Net Income (from all sources)	
Other (please specify)		Other (please specify)	
TOTAL MONTHLY EXPENSES =	\$	TOTAL MONTHLY INCOME =	\$
X number of months		X number of months	
= TOTAL LIVING EXPENSES (B)		= TOTAL INCOME (D)	
TOTAL EDUCATION EXPENSES (A + B)		TOTAL EDUCATION RESOURCES (C + D)	

<i>Total Education Expenses</i>	<i>minus (-)</i>	<i>Total Education Resources =</i>	<i>Financial Need</i>
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- = \$