



OSAP Students: Update/change in financial status

Student Awards and Financial Aid
 Ontario Tech University
 2000 Simcoe Street North, Oshawa, ON
 L1G 0C5 Canada

905.721.3190

connect@ontariotechu.ca

| | | |
|---|------------|----------------|
| Last name | First name | Student number |
| Student email address (@ontariotechu.net) | | Phone number |

This form will only be accepted via upload to the OSAP website. Forms are processed by date order.

How to upload your document:

From your OSAP account main page, click on **print/upload** under your application. This will take you to your **required documents** page:

- You can only upload PDF files.
- You cannot upload a file that is password protected.
- Uploaded files must be no larger than 2MB in size.

Government income received before your study period

| | |
|---|--|
| Did you receive income from the Ontario Disability Support Program or Ontario Works any time in the four weeks prior to the start of your study period? | <input type="radio"/> Yes <input type="radio"/> No |
| Source of income: | <input type="radio"/> Ontario Disability Support Program <input type="radio"/> Ontario Works \$ |

2023-2024 study period income

| | | | | | | | | | | | |
|---|--|--|---|--|--|---|---|--|---|--|----|
| If you expect to earn more than \$5,600 per term (or \$11,200 over two terms) in employment income during your study period, indicate amount (Including teaching/research assistantships, child support/spousal support, rental income, investment income, CRB, CRSB and WEPP). Enter total gross income before taxes. | \$ | | | | | | | | | | |
| Assets: If you need to update the value of your assets as of the start of your study period in your OSAP application, please consult with our office by emailing connect@ontariotechu.ca . | | | | | | | | | | | |
| Amount you expect to receive in scholarships, bursaries and/or awards during your study period. Note: Do not report any award, bursary, and/or needs-based scholarships received from the university. <ul style="list-style-type: none"> • Do not report entrepreneurial grants to start a business. • Do not report any OSAP funding you expect to receive. • Graduate Research Assistantships (GRA) are to be reported here. | \$ | | | | | | | | | | |
| Amount you expect to receive in financial assistance from government programs during your study period. Indicate what type of government income you are receiving: <table border="0"> <tr> <td><input type="checkbox"/> Employment Insurance (EI)</td> <td><input type="checkbox"/> Canada Pension Plan (Orphans' Benefits, Survivors' Benefits, Disabled Contributors' Child's Benefits)</td> </tr> <tr> <td><input type="checkbox"/> Loss of Earnings Benefits (WSIB)</td> <td><input type="checkbox"/> Second Career</td> </tr> <tr> <td><input type="checkbox"/> Ontario Disability Support Program (ODSP)</td> <td><input type="checkbox"/> Canada Ontario Job Grant</td> </tr> <tr> <td><input type="checkbox"/> Ontario Works (OW)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> None – enter "0"</td> <td></td> </tr> </table> | <input type="checkbox"/> Employment Insurance (EI) | <input type="checkbox"/> Canada Pension Plan (Orphans' Benefits, Survivors' Benefits, Disabled Contributors' Child's Benefits) | <input type="checkbox"/> Loss of Earnings Benefits (WSIB) | <input type="checkbox"/> Second Career | <input type="checkbox"/> Ontario Disability Support Program (ODSP) | <input type="checkbox"/> Canada Ontario Job Grant | <input type="checkbox"/> Ontario Works (OW) | | <input type="checkbox"/> None – enter "0" | | \$ |
| <input type="checkbox"/> Employment Insurance (EI) | <input type="checkbox"/> Canada Pension Plan (Orphans' Benefits, Survivors' Benefits, Disabled Contributors' Child's Benefits) | | | | | | | | | | |
| <input type="checkbox"/> Loss of Earnings Benefits (WSIB) | <input type="checkbox"/> Second Career | | | | | | | | | | |
| <input type="checkbox"/> Ontario Disability Support Program (ODSP) | <input type="checkbox"/> Canada Ontario Job Grant | | | | | | | | | | |
| <input type="checkbox"/> Ontario Works (OW) | | | | | | | | | | | |
| <input type="checkbox"/> None – enter "0" | | | | | | | | | | | |

Student's Signature

I will notify the Student Awards and Financial Aid office in writing of any further changes in my financial, academic, family or study-period status. I understand that these changes may affect my assessment.

This form will not be processed unless it is signed and dated.

| | |
|----------------------------|--------------------------|
| Student's signature | Date (MM/DD/YYYY) |
|----------------------------|--------------------------|