

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

Fall 2018
Graduate Work Study Application
Deadline: September 15, 2018

Student Financial Services
 Western Student Services Bldg.
 Room 1120
 Western University
 London, ON N6A 3K7

Personal Data:

Last Name	First Name		Student Number
Home Address	City	Postal code	Telephone Number
Address while attending Western	City	Postal code	Telephone Number
Western Email Address	Home Province: Ontario Other (specify) _____ _____		Gender: Male Female
Citizenship: Canadian Permanent Resident Other (specify) _____		Birth date (MM/DD/YY): ____/____/____	
Faculty/Program:	Course Load: Full Time Part Time		
Marital Status: Single Married Sole Support Parent # children _____ and ages _____			

Current Term Resources (Please note that expenses are assessed based on a standard budget for all students, plus any program specific costs):

Did you apply for Government student loans for the Fall 2018 term? Please Note: Students in receipt of <u>Out of Province</u> student loans must submit a copy of their Notice of Loan Assessment with this application, without this information your application cannot be processed. If No , please explain how you intend to fund your education this term (Required):	Yes No
Do you currently have an outstanding bank loan or line of credit, relating to your education? If yes, how much in interest payments do you expect to pay for the Fall 2018 term?	Yes No \$ _____
Are you receiving any other non-Western funding for the Fall 2018 term (Scholarships, Parental/Spousal Contributions, Employment Income, etc.) If Yes , specify type of resources and amount, please only list amounts to be used for the Fall 2018 term:	Yes No

Supplementary Statements (Please include any other information you feel is relevant to your financial situation this 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 Western University.
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 Western University. I consent to the disclosure of information on this application to the Ministry of Advanced Education and Skills Development, 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 Western email account.

Date

Signature