

Section A: Personal Information (continued)

- 150 In which language do you prefer to receive correspondence?
- English
 - French

155 **Date of birth**

DAY	MONTH	YEAR

- 160 **Gender**
- Male
 - Female

- 165 **Do you want to self-identify as being a student with a permanent disability?** 2 3
 See **page 6** of the instructions for a definition of "permanent disability".
- Yes See **page 6** of the instructions for required supporting documentation.
 - No

- 166 **Are you a deaf, deafened, or hard-of-hearing student planning to attend a postsecondary institution outside Canada in which the language of instruction for your program of study is American Sign Language (ASL)?** 4
 See **page 9** of the instructions for details.
- Yes
 - No

- 170 **What is your current citizenship status?** 5
- Canadian Citizen
 - Permanent Resident See **page 5** of the instructions for required supporting documentation.
 - Other
 - Protected Person 6 See **page 6** of the instructions for required supporting documentation.

175 **When did you or will you last attend high school on a full-time basis?** 7

MONTH	YEAR

- 180 **Have you ever taken full-time postsecondary studies?** 3
- Yes If "Yes", complete item 185.
 - No

185 **When did you last attend a postsecondary institution on a full-time basis?** 3

MONTH	YEAR

- 190 **Have you ever had a Canada Student Loan, Ontario Student Loan or Canada-Ontario Integrated Student Loan?**
- Yes
 - No

- 610 **Have you ever filed for bankruptcy or initiated a related event?** 10
- Yes If "Yes", complete items 611 and 612.
 - No

- 611 **Are you an undischarged bankrupt?** 8
- Yes See **page 6** of the instructions for required supporting documentation
 - No

612 **What is the date you filed for bankruptcy or initiated a related event?** 10

DAY	MONTH	YEAR

- 615 **Where will you be living during most of the 16-week period before your 2008-2009 period of study starts?** 9
- With parent(s)
 - Other

2 ITEMS 165 Students who self-identify as being a student with a permanent disability will be automatically considered for the Canada Access Grant for Students with Permanent Disabilities.

3 ITEMS 165, 180, AND 185 "Full-time postsecondary studies" means at least 60% of a full course load, or at least 40% if you have a permanent disability. See **page 6** of the instructions for details.

4 ITEM 166 If your program of study is not delivered in American Sign Language, you will be considered only for the Canada-portion of the Canada-Ontario Integrated Student loan.

5 ITEM 170 If you are not a Canadian citizen, a Permanent Resident of Canada, or a Protected Person, you are not eligible for OSAP.

6 ITEM 170
DEFINITION OF A PROTECTED PERSON
 A Protected Person is defined in subsection 95(2) of the *Immigration and Refugee Protection Act (Canada)*. Protected Persons are individuals who have been issued a Protected Persons Status Document and can include convention refugees and humanitarian-protected persons abroad; and persons in need of protection. A person in need of protection is a person in Canada whose removal to their country of nationality or former habitual residence will make them subject to the possibility of torture, risk of life, or risk of cruel and unusual treatment or punishment. Go to the OSAP website, at <http://osap.gov.on.ca>, for details.

7 ITEM 175 "Full-time" means at least 60% of a high school program. If you left high school at any time and were out of high school for at least one full year, enter the date on which you first left high school.

8 ITEM 611 **DEFINITION OF AN UNDISCHARGED BANKRUPT**
 You are an undischarged bankrupt if you filed for bankruptcy and that process has not been completed, withdrawn, or annulled, or you did not obtain an absolute order of discharge from the court.

9 ITEM 615 If you are a dependent student, you will be assessed as living with your parent(s) during the pre-study period. If you did not live with your parent(s) during the pre-study period, please contact your Financial Aid Office.

10 ITEMS 610 AND 612
 Refer to **page 6** of the Instructions about bankruptcy and related events and required supporting documentation.

Section B: Current Status Information

Check the ONE statement that BEST describes your current status. Read and follow carefully the instructions that pertain to that statement.

200 **I am married.** ¹¹
Your spouse must fill out Sections J and R.
SUPPORTING DOCUMENTATION
 You must attach to this application a copy of your marriage certificate.
If you checked this statement, go to Section C, Part 1.

210 **I am in a common-law relationship.** ^{11 12}
Your spouse must fill out Sections J and R.
SUPPORTING DOCUMENTATION
 You must attach to this application an affidavit signed by you and your spouse confirming that you have been living together in a conjugal relationship for not less than 3 years or are living together in a conjugal relationship and raising any children of whom you both are the natural or adoptive parents.
If you checked this statement, go to Section C, Part 1.

11 ITEM 200 and 210 For OSAP purposes, your "spouse" is the person to whom you are married or the person with whom you are living in a common-law relationship.

12 ITEM 210 For OSAP purposes, you are living in a common-law relationship if (a) you and your spouse have been living together in a conjugal relationship for not less than 3 years, or (b) you and your spouse are living together in a conjugal relationship and raising any children of whom you both are the natural or adoptive parents.

220 **I am a sole-support parent.** ¹³
 221 **What is your marital status?**
 1. Separated 2. Divorced 3. Widowed or never married
If you checked this statement, go to Section C, Part 2.

13 ITEM 220 For OSAP purposes, you are a sole-support parent if you have any dependent children living with you on a full-time basis during your period of study, AND you are single, separated, divorced or widowed.

SUPPORTING DOCUMENTATION
 You must attach the following to this application:
Separated - a copy of your legal separation agreement or court order.* If you do not have a separation agreement or court order, you must provide an affidavit indicating the date of separation.
Divorced - a copy of your divorce judgment or order.*
Widowed or never married - an affidavit confirming that any children will be living with you full-time during your 2008-2009 period of study, a copy of the federal government's Child Tax Benefit cheque stub or statement, and a copy of your spouse's death certificate, if applicable.
 * see **page 8** of the instructions for details on supporting documentation requirements.

230 **I am separated, divorced, or widowed, AND I have NO dependent children living with me.**
 231 **What is your marital status?**
 1. Separated 2. Divorced 3. Widowed
If you checked this statement, go to Section C, Part 2.

SUPPORTING DOCUMENTATION
 You must attach the following to this application:
Separated - a copy of your legal separation agreement or court order. If you do not have a separation agreement or court order, you must provide an affidavit indicating the date of separation.
Divorced - a copy of your divorce judgment or order.
Widowed - a copy of your spouse's death certificate.

240 **None of the above statements applies to me and I have been out of high school for at least 4 years as of the start of my 2008-2009 period of study.**
If you checked this statement, go to Section C, Part 2.

250 **None of the above statements applies to me and I have NOT been a full-time student at a high school or postsecondary institution for at least 12 consecutive months on 2 or more occasions.**
If you checked this statement, go to Section C, Part 2.

260 **None of the above statements applies to me and I am a current Crown ward or was a Crown ward at the time of my eighteenth birthday.**
See page 8 of the instructions for a definition of "Crown ward".
SUPPORTING DOCUMENTATION
 You must attach a letter from the Children's Aid Society or a court order confirming that you are a current or former Crown ward.
If you checked this statement, go to Section C, Part 2.

265 **None of the above statements applies to me and BOTH of my parents are deceased.**
SUPPORTING DOCUMENTATION
 You must attach a copy of your parents' death certificates.
If you checked this statement, go to Section C, Part 2.

270 **None of the above statements applies to me.**
Your parent(s) must fill out Sections I and Q.
If you checked this statement, go to Section C, Part 3.

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Section C: Residency Information

Based on the item you checked in Section B, check the ONE statement, in Part 1, Part 2, OR Part 3, that BEST describes your current residency situation.

PART 1 If you checked item 200 or 210 in Section B, check the ONE statement that best describes your current residency situation:

If you checked one of the statements to the left, go to Section D.

- 300 I have always resided in Ontario.
- 305 Ontario is the last province in which I resided for 12 consecutive months without being a full-time postsecondary student.
- 310 My spouse has always resided in Ontario.
- 315 Ontario is the last province in which my spouse resided for 12 consecutive months without being a full-time postsecondary student.
- 325 I reside in Ontario, AND my spouse and I have lived in Canada for less than 12 consecutive months. **14**
- 330 I now reside in Ontario, but none of the above statements applies to me. **15**

14 ITEM 325 If you are enrolled or are planning to enrol in a postsecondary institution in Ontario, you must complete the applicable "History of Canadian Residency" form in order for the ministry to determine if you are a resident of Ontario for OSAP purposes. You are not a resident of Ontario for OSAP purposes if you are enrolled or are planning to enrol in a postsecondary institution outside Ontario. You should contact that province's or territory's student assistance program to apply for assistance. See **page 8** of the instructions for details. The "History of Canadian Residency" form is available for printing from the OSAP website, at <http://osap.gov.on.ca>.

15 ITEM 330 You are not a resident of Ontario for OSAP purposes. If you, and/or your parent(s) or spouse (if applicable) have resided in another Canadian province or territory for 12 consecutive months (excluding time you or your spouse spent in full-time postsecondary studies), you must contact that province's or territory's student assistance program to determine if you are eligible for assistance. If, according to that province's or territory's residency requirements, you are not eligible for assistance, you may be considered for OSAP funding if you provide supporting documentation.

SUPPORTING DOCUMENTATION

You must provide a detailed description of your and/or your parent(s)' or spouse's (if applicable) residency history in Canada and any relevant supporting documentation. If you or your parent(s) or spouse (if applicable) have lived in another Canadian province or territory for 12 consecutive months, you must also provide a letter regarding your eligibility for its program from the student assistance program in the province or territory in which you resided.

PART 2 If you checked item 220, 230, 240, 250, 260, or 265 in Section B, check the ONE statement that best describes your current residency situation:

If you checked one of the statements to the left, go to Section D

- 300 I have always resided in Ontario.
- 305 Ontario is the last province in which I resided for 12 consecutive months without being a full-time postsecondary student.
- 325 I reside in Ontario, AND I have lived in Canada for less than 12 consecutive months. **14**
- 330 I now reside in Ontario, but none of the above statements applies to me. **15**

PART 3 If you checked item 270 in Section B, check the ONE statement that best describes your current residency situation:

If you checked one of the statements to the left, go to Section D.

- 300 I have always resided in Ontario.
- 305 Ontario is the last province in which I resided for 12 consecutive months without being a full-time postsecondary student.
- 320 Ontario is the last province in which my parent(s) have resided for 12 consecutive months. **16**
- 325 I reside in Ontario, AND my parent(s) and I have resided in Canada for less than 12 consecutive months. **14 16**
- 330 I now reside in Ontario, but none of the above statements applies to me. **15**

16 ITEM 320 and ITEM 325 For OSAP purposes, "parent" refers to parent(s), step-parent, legal guardian(s), or official sponsor(s).

Section G: Applicant's Income

Definition of All Sources of Income

Income information provided on this page must include all taxable and non-taxable income from all sources, world-wide. For example, you must include employment income, child-support and alimony payments, monetary gifts, lottery winnings, and government benefits, cashed-in RRSPs, cashed-in RESP's, withdrawals from retirement accounts, withdrawals from trust accounts, income received as a result of a joint election to split pension income, the amount of non-economic loss and/or pain and suffering awards in excess of \$100,000, and any other income (e.g., awards, scholarships, fellowships, bursaries, grants, interest, investments, and/or trust fund income). Do not include money received through Child Tax Benefit, Universal Child Care Benefit, and Ontario Child Benefit. **Enter amounts in dollars only; do not indicate cents.** All income is verified with Canada Revenue Agency. In order to verify income, the ministry may also contact any persons or bodies, including government bodies within and outside of Canada, that administer any form of financial assistance, including but not limited to the income supports identified in item 630 and that may have information about any sources of your income. See **page 10** of the instructions for important information on verification and audit.

Income Received During 2008

636 Enter an estimate of the total gross income from all sources that you expect to receive from January 1, 2008, to December 31, 2008. **21**

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637 Enter an estimate of the total gross income from all sources that you expect to receive from January 1, 2008, to the starting date of your pre-study period. **22 23**

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21 ITEM 636 If your income is less than \$6,200 and you checked item 220, 230, 240, 250, 260, or 265 in Section B, you must provide an explanation of how your daily living costs are being met. If you checked item 200 or 210 in Section B, and your and your spouse's total combined income as entered in items 636 (Section G) AND 950 and 951 (Section J) is less than \$6,200, you must provide a detailed explanation of how your and your spouse's daily living costs are being met. See **page 9** of the instructions for details.

Income Received Before the Start of Your 2008-2009 Period of study

Note: In item 600, do NOT include GST rebates, Child Tax Benefits, Universal Child Care Benefit, Ontario Child Benefit, or OSAP funding, including student loans, Child Care Bursary, Bursary for Students with Disabilities, Canada Study Grants, Millennium Bursary, Millennium/Ontario Access Grants, Ontario Access Grants, Ontario Access Grants for Crown Wards, Queen Elizabeth II Aiming for the Top Scholarships, Distance Grants, Textbook and Technology Grants, and/or Canada Access Grants.

600 Enter an estimate of the total gross income from all sources that you expect to receive during your pre-study period. **23 24**

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605 If the main source of income entered in item 600 is Ontario social assistance, indicate the type of assistance received:

1. Ontario Disability Support Program
2. Ontario Works
3. Other (Specify)

22 ITEM 637 To determine the date on which your pre-study period starts, subtract the number of weeks in your pre-study period (see definition below) from the starting date of your 2008-2009 period of study (as reported in item 520 in Section E).

Income to Be Received During Your 2008-2009 Period of study

Note: In items 625, 626, and 620, do NOT include GST rebates, Child Tax Benefits, Universal Child Care Benefit, Ontario Child Benefit, or OSAP funding, including student loans, Child Care Bursary, Bursary for Students with Disabilities, Canada Study Grants, Millennium Bursary, Millennium/Ontario Access Grants, Ontario Access Grants, Ontario Access Grants for Crown Wards, Queen Elizabeth II Aiming for the Top Scholarships, Distance Grants, Textbook and Technology Grants, and/or Canada Access Grants.

625 Enter total gross income from government benefits to be received during your 2008-2009 period of study.

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626 Enter total gross income from scholarships, bursaries, and awards to be received during your 2008-2009 period of study. **24**

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661 Enter amount of income you expect to receive from RESP (Registered Education Savings Plan), Scholarship Trust Fund, or other education savings plan that you intend to use for your 2008-2009 period of study.

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620 Enter total gross income from employment and all other sources world-wide to be received during your 2008-2009 period of study. Do not include income entered in item 625, 626, and/or 661.

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23 ITEM 637 and 600 DEFINITION OF PRE-STUDY PERIOD
 If you were a full-time high school or postsecondary student in 2007-2008, your pre-study period is the time between the end of your last period of study and the start of your 2008-2009 period of study. If there are more than 16 weeks between these 2 periods, enter the income received in the 16 weeks immediately before the start of your 2008-2009 period of study. If there are fewer than 16 weeks between these 2 periods, enter the income received during the actual number of weeks between these 2 periods.
 If you were not a full-time high school or postsecondary student last year, your pre-study period is the 16 weeks immediately before the start of your 2008-2009 period of study.

630 If you entered income in item 625, indicate the type of government income received:

1. Employment Insurance **25**
2. Loss of Earnings Benefits (WSIB) **25**
3. Extended Care and Maintenance Allowance from Children's Aid
4. Ontario Disability Support Program
5. Ontario Works
6. Native Postsecondary Student Support Program **25**
7. Canada Pension Plan (Orphans' Benefits, Survivors' Benefits, Disabled Contributors' Child's Benefits)
8. Other (Specify)

24 ITEM 600 and 626 Do not include an award, bursary, and/or a needs-based scholarship received from a publicly assisted Ontario college of applied arts and technology or university if that postsecondary institution informs you in writing that they will report the award to OSAP directly. If you have not received notification in writing from your postsecondary institution, then you must report this income in Items 600 and/or 626, as indicated.

25 ITEM 630 You must provide a letter from this agency describing the educational costs that are being funded (e.g., tuition fees, books and supplies, living costs, transportation, and/or child care). If applicable, include a copy of your Skills Development Contribution Agreement. See **page 9** of the instructions for details.

You must promptly inform your financial aid office or the ministry, in writing, of any changes to your reported income or assets, or to the reported income or assets of your spouse or parent(s), if applicable, as well as any changes to your address, your financial, academic, or family status, or your period of study.

Section H: Information on Applicant's Children

You must complete this section if you have any dependent children living full-time with you (and your spouse, if applicable) during your period of study. Complete this section only if you checked item 200, 210, or 220 in Section B. **Enter amounts in dollars only; do not indicate cents.**

26 ITEMS 400 AND 410 For OSAP purposes, a dependent child is a child who is living with you (and your spouse, if applicable) during your period of study and who meets one or more of the following criteria:

- is under 16 years of age;
- is 16 years of age or over and
 - is enrolled in high school and taking at least 60% of a full course load;
 - is a full-time postsecondary student and has been out of high school less than four years; or
 - has a permanent disability and is wholly dependent on you (and your spouse, if applicable).

How many dependent children (e.g., 1, 2, 3) in each age group will be living full-time with you (and your spouse, if applicable) during your 2008-2009 period of study?²⁶

<p>400 0–11 years of age</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>	<p>410 12 years of age or older without a disability.</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>	<p>411 12 years of age or older with a disability.</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>
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405 For the children in items 400 and 411, what is the TOTAL amount that you expect to pay for child care (day care) during your 2008-2009 period of study?

For each of your dependent children 0–11 years of age and for each of your dependent children 12 years of age or older with a disability, enter the child's first name and last name, date of birth, and the amount of child care that you expect to pay for this child during your 2008-2009 period of study. If you require more space, you must provide the information requested below in a separate letter and attach it to this application.

First Dependent Child (0–11 years of age or a child 12 years of age or older with a disability)

730 First name

731 Last name

<p>732 Date of birth <small>DAY MONTH YEAR</small></p> <div style="border: 1px solid black; width: 180px; height: 20px; margin: 5px 0;"></div>	<p>733 For this child, indicate the amount that you expect to pay for child care during your 2008-2009 period of study.</p> <div style="border: 1px solid black; width: 120px; height: 20px; margin: 5px 0;"></div>
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Second Dependent Child (0–11 years of age or a child 12 years of age or older with a disability)

735 First name

736 Last name

<p>737 Date of birth <small>DAY MONTH YEAR</small></p> <div style="border: 1px solid black; width: 180px; height: 20px; margin: 5px 0;"></div>	<p>738 For this child, indicate the amount that you expect to pay for child care during your 2008-2009 period of study.</p> <div style="border: 1px solid black; width: 120px; height: 20px; margin: 5px 0;"></div>
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Third Dependent Child (0–11 years of age or a child 12 years of age or older with a disability)

740 First name

741 Last name

<p>742 Date of birth <small>DAY MONTH YEAR</small></p> <div style="border: 1px solid black; width: 180px; height: 20px; margin: 5px 0;"></div>	<p>743 For this child, indicate the amount that you expect to pay for child care during your 2008-2009 period of study.</p> <div style="border: 1px solid black; width: 120px; height: 20px; margin: 5px 0;"></div>
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(continued on page 10)

Section I: Information from Parents

If you checked item 270 in Section B, your parent(s), step-parent, legal guardian(s), or official sponsor(s) must complete this section. "Father" refers to father, stepfather, legal guardian, or official sponsor. "Mother" refers to mother, stepmother, legal guardian, or official sponsor.

Marital Status

800 Are your birth or adoptive parents still married or in a common law relationship with each other? If yes, then both parents must complete this section and sign the declaration in Section Q.

If the answer to the question is "no", then, is the parent you live with, or last lived with:

- 1. Married, remarried, or in a common-law relationship **27**
- 2. Divorced 3. Separated 4. Widowed 5. Single

801 If you checked number 2, 3, 4, or 5 in item 800, indicate which parent is filling out this section:

- 1. Father (or parent 1)
- 2. Mother (or parent 2)

27 ITEM 800 If you checked number 1 in Item 800, then the parent you live with, or last lived with, and his or her spouse, must complete the remainder of this section and sign the declaration in Section Q. If you checked number 2, 3, 4 or 5 in Item 800, then the parent you live with, or last lived with, must complete the remainder of this section and sign the declaration in Section Q.

Parents' Children

805 How many dependent children, including the applicant, who are completing this section do parents have?(e.g., 1, 2, 3)? **28**

815 How many of the dependent children, including the applicant, reported in item 805 are taking postsecondary studies (e.g., 1, 2, 3)? **28**

28 ITEMS 805 AND 815 For OSAP purposes, a dependent child is a child who is living with you (and your spouse, if applicable) during the applicant's period of study and who meets one or more of the following criteria:

- is under 16 years of age;
- is 16 years of age or over and
 - is enrolled in high school and taking at least 60% or more of a full course load;
 - is a full-time postsecondary student and has been out of high school less than four years; or
 - has a permanent disability and is wholly dependent on you (and your spouse, if applicable).

Personal Information

830 Does father (or parent 1) have a Social Insurance Number?

- 1. Yes *If "Yes", complete item 820*
- 2. No

835 Does mother (or parent 2) have a Social Insurance Number?

- 1. Yes *If "Yes", complete item 825*
- 2. No

820 Father's (or parent 1) Social Insurance Number

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825 Mother's (or parent 2) Social Insurance Number

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834 Father's (or parent 1) date of birth

DAY MONTH YEAR

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839 Mother's (or parent 2) date of birth

DAY MONTH YEAR

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833 Father's (or parent 1) postal code

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838 Mother's (or parent 2) postal code

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821 Is father's (or parent 1) home within 40 km of the postsecondary institution the applicant plans to attend in the 2008-2009 academic year?

- 1. Yes
- 2. No

822 Is mother's (or parent 2) home within 40 km of the postsecondary institution the applicant plans to attend in the 2008-2009 academic year?

- 1. Yes
- 2. No

823 Is father (or parent 1) self-employed?

- 1. Yes
- 2. No

824 Is mother (or parent 2) self-employed?

- 1. Yes
- 2. No

(continued on page 12)

Section M: Special Consideration for Canada and Ontario Access Grants (continued)

012 Are your birth or adoptive parents still married or in a common law relationship with each other? If yes, then both parents must complete this section and sign the declaration in Section Q.

If the answer to the above question is "no", then, is the parent you live with, or last lived with:

- 1. Married, remarried, or in a common-law relationship **41**
- 2. Divorced 3. Separated 4. Widowed 5. Single

013 If you checked number 2, 3, 4, or 5 in item 012, indicate which parent is filling out this section:

- 1. Father (or parent 1)
- 2. Mother (or parent 2)

014 How many dependent children do the parents who are completing this section have (e.g., 0, 1, 2, 3)? **42**

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015 Does father (or parent 1) have a Social Insurance Number?

- 1. Yes *If "Yes", complete item 016.*
- 2. No

016 Father's (or parent 1) Social Insurance Number

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019 Father's (or parent 1) date of birth

DAY	MONTH	YEAR

020 What is father's (or parent 1) net income as indicated on line 236 of his 2007 income tax return?

Enter amount in dollars only; do not indicate cents. If amount is negative, (i.e., a loss), enter zero. Do not include money received through the Universal Child Care Benefit or the Ontario Child Benefit.

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021 Does mother (or parent 2) have a Social Insurance Number?

- 1. Yes *If "Yes", complete item 022.*
- 2. No

022 Mother's (or parent 2) Social Insurance Number

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025 Mother's (or parent 2) date of birth

DAY	MONTH	YEAR

026 What is mother's (or parent 2) net income as indicated on line 236 of her 2007 income tax return?

Enter amount in dollars only; do not indicate cents. If amount is negative, (i.e., a loss), enter zero. Do not include money received through the Universal Child Care Benefit or the Ontario Child Benefit.

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41 ITEM 012 If you checked number 1 in item 012, then the parent you live with, or last lived with, and his or her spouse must complete the remainder of this section and sign the declaration in Section Q. If you checked number 2, 3, 4, or 5 in item 012, then the parent you live with, or last lived with must complete the remainder of this section and sign the declaration in Section Q.

42 ITEM 014 For OSAP purposes, a dependent child is a child who is living with you (and your spouse, if applicable) during the applicant's period of study and who meets one or more of the following criteria:

- is under 16 years of age;
- is 16 years of age or over and
 - is enrolled in high school and taking at least 60% of a full course load;
 - is a full-time postsecondary student and has been out of high school less than four years; or
 - has a permanent disability and is wholly dependent on you (and spouse, if applicable).

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Section T: Ontario Access Grant for Crown Wards

The Ontario Access Grants for Crown Wards are tuition grants to assist current or former Crown Wards enrolled in their first degree, diploma or certificate program at the postsecondary level.

You may be considered for only one Millennium-Ontario Access Grant, Ontario Access Grant, or Ontario Access Grant for Crown Wards in each of your program years, up to a maximum of four(4), depending on the length of your program of study. In addition, in year 1 of your program of study, you may be considered for the Canada Access Grant for Low-Income Families.

Crown Wards wishing to be considered for these grants must complete the following questions and provide the required supporting documentation indicated below:

797 **Were you ever a Crown ward?**

See **page 8** of the instructions for a definition of "Crown ward".

Yes

No

798 **Have you ever received a postsecondary certificate, degree, or diploma?**

Yes *If yes, you are not eligible for these tuition grants.*

No

SUPPORTING DOCUMENTATION

You must attach a letter from the Childrens' Aid Society or a court order confirming that you are a Crown ward or were a Crown ward at the time of your eighteenth birthday. If you are not a current Crown ward or were not a Crown ward at the time of your eighteenth birthday, but you wish to be considered for the Ontario Access Grant for Crown Wards, you must provide a letter from the Childrens' Aid Society or a court order confirming that you have previously been a Crown ward.

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Section Q: Consents, Declarations, and Signatures of PARENT(S) (continued)

Consent of Parent(s) to the Indirect Collection and Disclosure of Information from Income Tax Returns (REQUIRED)

I authorize the Canada Revenue Agency (CRA) to release to the ministry information from my income tax returns and, if applicable, other required taxpayer information about me ("the information"), whether supplied by me or by a third party. The information will be relevant to, and used solely for the purpose of, the administration and enforcement of the Ontario Student Assistance Program ("OSAP"). The ministry will not disclose the information to any person or organization except to the applicant or where authorized by or where required by law. The ministry administers OSAP under the authority of the Ministry of Training, Colleges and Universities Act, R.S.O. 1990, c. M.19, as amended, and R.R.O. 1990, Reg. 773, Reg. 774, and Reg. 775, as amended, and O. Reg. 268/01, as amended; s. 10.1 of the Financial Administration Act, R.S.O. 1990, c. F. 12, as amended; the Canada Student Financial Assistance Act, S.C. 1994, c. 28, as amended; the Canada Student Financial Assistance Regulations, SOR 95-329, as amended; and the Budget Implementation Act, 1998, S.C. 1998, c. 21, as amended. This consent applies to the 2007 and 2008 taxation years.

898 **Signature of father, stepfather, legal guardian, or official sponsor**

SIGN IN BLACK INK

X

Date

DAY MONTH YEAR

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899 **Signature of mother, stepmother, legal guardian, or official sponsor**

SIGN IN BLACK INK

X

Date

DAY MONTH YEAR

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Section R: Consents, Declarations, and Signatures of SPOUSE

Collection and Use of Personal Information

Your personal information, including your Social Insurance Number (SIN) provided on this application form and in all other communications related to the applicant's application and award of financial assistance, including previous applications and awards of assistance, will be used by the Ministry of Training, Colleges and Universities to administer and finance the Ontario Student Assistance Program (OSAP), by Human Resources and Social Development Canada (HRSDC) to administer and finance the Canada Student Loans Program, and by the Canada Millennium Scholarship Foundation (CMSF) to administer and finance the Millennium Bursary and Millennium/Ontario Access Grants. The ministry, HRSDC, and CMSF may use contractors or auditors for any of these activities. Under agreement with the ministry and HRSDC, the National Student Loans Service Centre (NSLSC) uses your personal information to administer OSAP and the Canada Student Loans Program. Under agreement with the ministry, the applicant's postsecondary institution and, where authorized by the ministry, its agents who administer OSAP and its auditors, use your personal information to administer OSAP and the Canada Student Loans Program.

Administration includes: determining eligibility for an award of financial assistance; verifying the OSAP application; verifying any award of financial assistance and any relief granted from any payment the applicant is required to make; considering any applications for review or appeals of determinations relating to financial assistance or eligibility for relief from any payment; maintaining and auditing the applicant's file; assessing and collecting loans, overpayments, and repayments; enforcing the legislation set out below and the applicant's agreements with the ministry and HRSDC; and monitoring and auditing the NSLSC and the applicant's postsecondary institution or its authorized agents to ensure that they are administering the programs appropriately. In addition, administration by the ministry, HRSDC, and CMSF includes planning, delivering, evaluating and monitoring student assistance programs for quality and improvements in both content and delivery; conducting risk management, error management, audit and quality assessment activities; conducting inspections or investigations; and conducting policy analysis, evaluation, and research related to all aspects of the programs, including developing key performance indicators about the applicant's postsecondary institution such as the aggregated Ontario Student Loan default rates of its students. Financing includes: planning, arranging, or providing funding of the programs.

The ministry administers OSAP under the authority of the Ministry of Training, Colleges and Universities Act, R.S.O. 1990, c. M.19, as amended, R.R.O. 1990, Reg. 773, Reg. 774, and Reg. 775, as amended, and O. Reg. 268/01, as amended; s. 10.1 of the Financial Administration Act, R.S.O. 1990, c. F. 12, as amended; the Canada Student Financial Assistance Act, S.C. 1994, c. 28, as amended; the Canada Student Financial Assistance Regulations, SOR 95-329, as amended; and the Budget Implementation Act, 1998, S.C. 1998, c. 21, as amended. If you have any questions about the collection or use of this information, contact the Director, Student Support Branch, Ministry of Training, Colleges and Universities, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, ON P7B 6G9.

Spouse's Consent to the Indirect Collection and Disclosure of Personal Information (REQUIRED)

- I understand that the information on this form, including my residency history provided by the applicant, is a necessary part of the calculation of any award of financial assistance to the applicant. The information I have given is complete and true and I will notify the applicant's financial aid office or the ministry in writing if there are any changes. I agree that the ministry may use my personal information for the administration and enforcement of an OSAP application that I made or will make or is made by any of my dependent children.
- I agree that until the applicant's loans, overpayments, and repayments are assessed and repaid, the ministry can, without limitation, collect and exchange personal information about me that is relevant to the administration and financing of OSAP and the Canada Student Loans program with: the applicant, HRSDC, CMSF, Canada Revenue Agency (CRA), NSLSC, the applicant's postsecondary institution and its authorized financial administration agents and auditors; bodies identified on this application form and other persons or bodies, including government bodies within and outside of Canada, that may have information about my sources of income, assets, or residency; the ministry's contractors and auditors, HRSDC's contractors and auditors, and collection agencies operated or retained by the federal or provincial governments.
- I agree that if the applicant is selected for a Millennium Bursary or a Millennium/Ontario Access Grant, the ministry, CMSF and their contractors and auditors may collect and exchange personal information about me that is relevant to the administration and financing of these programs,
- I understand that the personal information I provide in connection with this application can be accessed by the applicant. Other personal information relevant to a reassessment or appeal will be disclosed to the applicant and any person(s) authorized by the applicant to have access to all information in the applicant's 2008-2009 OSAP file.
- I understand that I can withdraw any consent I have given in this Section R by writing to the Director, Student Support Branch, Ministry of Training, Colleges and Universities, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, ON P7B 6G9, at any time **before** the applicant accepts an award of financial assistance. I understand that if I withdraw any consent it will affect the applicant's eligibility for and the type and amount of OSAP assistance.

I have read and understood all parts of this section, including the notice of collection, use and disclosure of my personal information, and my signature attests to my consent to the indirect collection, use and disclosure of my personal information and that my declaration is complete and true.

960 **Signature of spouse**

SIGN IN BLACK INK

X

Date

DAY MONTH YEAR

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(continued on page 20)

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Section R: Consents, Declarations, and Signatures of SPOUSE (continued)

Spouse's Consent to the Indirect Collection and Disclosure of Information from Income Tax Returns (REQUIRED)

I authorize the Canada Revenue Agency (CRA) to release to the ministry information from my income tax returns and, if applicable, other required taxpayer information about me ("the information"), whether supplied by me or by a third party. The information will be relevant to, and used solely for the purpose of, the administration and enforcement of the Ontario Student Assistance Program ("OSAP"). The ministry will not disclose the information to any person or organization except to the applicant or where authorized by or where required by law. The ministry administers OSAP under the authority of the Ministry of Training, Colleges and Universities Act, R.S.O. 1990, c. M.19, as amended, and R.R.O. 1990, Reg. 773, Reg. 774, and Reg. 775, as amended, and O. Reg. 268/01, as amended; s. 10.1 of the Financial Administration Act, R.S.O. 1990, c. F. 12, as amended; the Canada Student Financial Assistance Act, S.C. 1994, c. 28, as amended; the Canada Student Financial Assistance Regulations, SOR 95-329, as amended; and the Budget Implementation Act, 1998, S.C. 1998, c. 21, as amended. This consent applies to the 2007 and 2008 taxation years.

961

Signature of spouse

SIGN IN BLACK INK

X

Date

DAY MONTH YEAR

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Section S: Consents, Instruction, Declarations, and Signatures of APPLICANT

Collection and Use of Personal Information

Your personal information, including your Social Insurance Number (SIN), provided on this application form and in all other communications related to your application and award of financial assistance, including previous applications and awards of assistance will be used by the Ministry of Training, Colleges and Universities to administer and finance the Ontario Student Assistance Program (OSAP), by Human Resources and Social Development Canada (HRSDC) to administer and finance the Canada Student Loans Program, and by the Canada Millennium Scholarship Foundation (CMSF) to administer and finance the Millennium Bursary and Millennium/Ontario Access Grants. In addition, your SIN will be used as a general identifier in administering OSAP. The ministry, HRSDC, and CMSF may use contractors or auditors for any of these activities. Under agreement with the ministry and HRSDC, the National Student Loans Service Centre (NSLSC) uses your personal information to administer OSAP and the Canada Student Loans Program. Under agreement with the ministry, your postsecondary institution and, where authorized by the ministry, its agents who administer OSAP and its auditors use your personal information to administer OSAP and the Canada Student Loans Program.

Administration includes: determining your eligibility for an award of financial assistance; verifying your application; verifying any award of financial assistance and any relief granted from any payment you are required to make; considering any applications for review or appeals of determinations relating to your financial assistance or eligibility for relief from any payment; maintaining and auditing your file; assessing and collecting loans, overpayments, and repayments; enforcing the legislation set out below and your agreements with the ministry, the Ontario Student Loan Trust, and HRSDC; and monitoring and auditing the NSLSC and your postsecondary institution or its authorized agents to ensure that they are administering the programs appropriately. In addition, administration by the ministry, HRSDC and CMSF includes planning, delivering, evaluating and monitoring student assistance programs for quality and improvements in both content and delivery; conducting risk management, error management, audit and quality assessment activities; conducting inspections or investigations; and conducting policy analysis, evaluation, and research related to all aspects of student financial assistance, including developing key performance indicators about your postsecondary institution such as the aggregated Ontario Student Loan default rates of its students. Financing includes: planning, arranging or providing funding of the programs.

The ministry administers OSAP under the authority of the Ministry of Training, Colleges and Universities Act, R.S.O. 1990, c. M.19, as amended, R.R.O. 1990, Reg. 773, Reg. 774, and Reg. 775, as amended, and O. Reg. 268/01, as amended; s. 10.1 of the Financial Administration Act, R.S.O. 1990, c. F. 12, as amended; the Canada Student Financial Assistance Act, S.C. 1994, c. 28, as amended; HRSDC's contractors and auditors; the Canada Student Financial Assistance Regulations, SOR 95-329, as amended; and the Budget Implementation Act, 1998, S.C. 1998, c. 21, as amended. If you have any questions about the collection or use of this information, contact the Director, Student Support Branch, Ministry of Training, Colleges and Universities, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, ON P7B 6G9.

Applicant's Consent to the Indirect Collection and Disclosure of Personal Information (REQUIRED)

- I agree that until my loans, overpayments, and repayments are assessed and repaid, the ministry can, without limitation, collect and exchange personal information about me that is relevant to the administration and financing of OSAP and the Canada Student Loans Program with: HRSDC, CRA, NSLSC, my postsecondary institution and its authorized financial administration agents and auditors; bodies identified on this application form and other bodies, including government bodies within and outside Canada that administer any form of financial assistance, that may have information about any of my sources of income, assets or residency; the ministry's contractors and auditors; HRSDC's contractors and auditors; collection agencies operated or retained by the federal or provincial governments; and consumer reporting agencies. I agree that the ministry may use my personal information for the administration and enforcement of an OSAP application made by my spouse, any dependent children and/or my parent(s).
- If I am selected for a Millennium Bursary or a Millennium/Ontario Access Grant, I agree that the ministry, CMSF, and their contractors may collect and exchange personal information about me to administer and finance these programs.
- If I indicated on the application that I wish to be considered for a Queen Elizabeth II Aiming for the Top Scholarship, I agree that: (a) the Ontario Universities' Application Centre or OCAS Application Services Inc. (formerly known as the Ontario College Application Services [OCAS]) may disclose my high school marks or grades to the ministry for the sole purpose of determining my eligibility for this scholarship; and (b) the fact that I have won a Queen Elizabeth II Aiming for the Top Scholarship along with my name, city, and high school will be disclosed to my school board and may be published in newspapers or otherwise publicized in recognition of outstanding achievement.

(continued on page 21)

Section S: Consents, Instruction, Declarations, and Signatures of APPLICANT (continued)

Applicant's Instruction to Obtain a Consumer Report (REQUIRED)

- This is my instruction authorizing the ministry to obtain information about my credit history from a consumer reporting agency for the purpose of determining whether I am eligible for an award of financial assistance.

Applicant's Declaration (REQUIRED)

- I have given complete and true information on this form and I will keep a copy of my application and all required supporting documentation in the event that I am required to produce this information for audit and verification purposes.
- I understand that I am responsible for providing all required supporting documentation as indicated on my application or as directed by my financial aid office or the ministry.
- I understand that I am responsible for promptly notifying my financial aid office or the ministry, in writing, of changes to the income or assets reported by me (or my spouse or parent(s), if applicable), or of changes to my address and/or financial, academic, family, and/or study-period status, or if any other information that I have provided changes.
- I understand that information I provide will be verified and audited and the ministry may also conduct inspections and investigations.
- I understand that any change to the information I provide and any change resulting from verification and audit will result in a reassessment.
- I understand that if my application is reassessed, it may affect my eligibility and the type and amount of assistance. If I received assistance in excess of my entitlement, I will promptly repay all or part of my grants, loans, bursaries, and/or scholarships, or my future loans may be reduced by the amount I owe.
- I understand that if I am not eligible for a particular OSAP financial assistance program, this may affect my eligibility for other loans, grants, awards, scholarships, or benefits.
- I will not receive student financial assistance from any other province, state, or country while receiving OSAP assistance.
- I must have the assistance to continue my postsecondary studies, and I will use this assistance to pay my academic fees first and then to cover educational and living costs related to my studies.
- I acknowledge and agree that the educational institution must forward the full amount of any refund of fees to the lending institution that holds my student loan for credit against such loan.
- I understand that I can withdraw any required consent I have given in this Section S by writing to the Director, Student Support Branch, Ministry of Training, Colleges and Universities, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, ON P7B 6G9, at any time **before** I accept an award of financial assistance. I understand that if I withdraw any of my required consents it will affect my eligibility for and the type and amount of OSAP assistance.
- I understand that if I fail to provide complete and true information; fail to promptly notify my financial aid office or the ministry in writing of changes to the income or assets reported by me (and my spouse or parent(s), if applicable) or any changes to my address and/or financial, academic, family, and/or study period status; or fail to fulfil any obligations respecting the repayment of any loan or overpayment, the ministry may restrict me from receiving assistance in the future, including the Ontario Student Opportunity Grant, and may take legal action and may require me to repay any assistance that I received. I further understand that it is an offence to knowingly provide false information for the purpose of obtaining or receiving OSAP assistance. If convicted, I may be liable for a fine of up to \$25,000 and one year in prison.

I have read and understood this section, including the notice of collection, use and disclosure of my personal information and my signature attests to my consent to the indirect collection, use and disclosure of my personal information, to my written instruction to obtain a consumer report, and that my declaration is complete and true.

725	Signature of applicant	SIGN IN BLACK INK	Date	DAY	MONTH	YEAR
	X					

Applicant's Consent to the Indirect Collection and Disclosure of Information from Income Tax Returns (REQUIRED)

I authorize the Canada Revenue Agency (CRA) to release to the ministry information from my income tax returns and, if applicable, other required taxpayer information about me ("the information"), whether supplied by me or by a third party. The information will be relevant to, and used solely for the purpose of, the administration and enforcement of the Ontario Student Assistance Program ("OSAP"). The ministry will not disclose the information to any person or organization except where authorized by or where required by law. The ministry administers OSAP under the authority of the Ministry of Training, Colleges and Universities Act, R.S.O. 1990, c. M.19, as amended, and R.R.O. 1990, Reg. 773, Reg. 774, and Reg. 775, as amended, and O. Reg. 268/01, as amended; s. 10.1 of the Financial Administration Act, R.S.O. 1990, c. F. 12, as amended; the Canada Student Financial Assistance Act, S.C. 1994, c. 28, as amended; the Canada Student Financial Assistance Regulations, SOR 95-329, as amended; and the Budget Implementation Act, 1998, S.C. 1998, c. 21, as amended. This consent applies to the 2008 and 2009 taxation years.

726	Signature of applicant	SIGN IN BLACK INK	Date	DAY	MONTH	YEAR
	X					

Applicant's Consent to the Indirect Collection and Disclosure of Information from the Social Insurance Register (REQUIRED)

- My signature indicates that I consent to the verification of my Social Insurance Number, name, date of birth, and gender with information contained in the Social Insurance Register. This verification is solely for the purpose of confirming the accuracy of my identification in the context of my application for a Canada Student Loan.

727	Signature of applicant	SIGN IN BLACK INK	Date	DAY	MONTH	YEAR
	X					

Applicant's Consent to the Release of Personal Information (OPTIONAL)

Sign here only if Section N has been completed.

- I hereby authorize the ministry and the financial aid office at the institution I plan to attend to release to the person(s) named in Section N on my 2008-2009 OSAP application any information contained in my OSAP file for the 2008-2009 academic year and all prior academic years. This consent is valid during my 2008-2009 academic year only. I may withdraw this consent prior to the end of the 2008-2009 academic year by writing to the Director, Student Support Branch, Ministry of Training, Colleges and Universities, PO Box 4500, Thunder Bay, ON P7B 6G9.

720	Signature of applicant	SIGN IN BLACK INK	Date	DAY	MONTH	YEAR
	X					

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010 \$10 application fee received

Supporting Documentation

- | | | |
|--|---|--|
| <p><input type="checkbox"/> 011 SIN card (out-of-country students only) or any other Government of Canada official document indicating SIN Item 100</p> <p><input type="checkbox"/> 012 Proof of disability 40–59% Item 165</p> <p><input type="checkbox"/> 013 Canadian Immigration Record Item 170</p> <p><input type="checkbox"/> 014 Marriage certificate Item 200</p> <p><input type="checkbox"/> 015 Affidavit of common-law status Item 210</p> <p><input type="checkbox"/> 016 Legal separation agreement or court order Item 221</p> <p><input type="checkbox"/> 017 Divorce judgment or order Item 221</p> <p><input type="checkbox"/> 018 Proof of children (sole-support-parent students only) Item 221</p> <p><input type="checkbox"/> 019 Undischarged bankrupt (OSAP not a creditor) Item 610</p> <p><input type="checkbox"/> 020 Employment Insurance letter (and Skills Development Contribution Agreement, if applicable) Item 630</p> <p><input type="checkbox"/> 021 Workplace Safety & Insurance Board letter Item 630</p> <p><input type="checkbox"/> 022 Letter from band council on Native Postsecondary Student Support Program costs Item 630</p> <p><input type="checkbox"/> 024 Additional vehicles Item 639</p> <p><input type="checkbox"/> 026 Additional children Item 400</p> <p><input type="checkbox"/> 027 Date of birth Item 155</p> | <p><input type="checkbox"/> 028 First name and last name (BPI) Items 110 and 115</p> <p><input type="checkbox"/> 029 Date of birth (BPI) Item 155</p> <p><input type="checkbox"/> 030 Gender (BPI) Item 160</p> <p><input type="checkbox"/> 031 Disability (BPI) Item 165</p> <p><input type="checkbox"/> 032 High school date (BPI) Item 175</p> <p><input type="checkbox"/> 033 Father's (or parent 1) tax payable Item 890</p> <p><input type="checkbox"/> 034 Mother's (or parent 2) tax payable Item 895</p> <p><input type="checkbox"/> 035 Academic progress (code 36)</p> <p><input type="checkbox"/> 037 Legal separation agreement or court order Item 231</p> <p><input type="checkbox"/> 038 Divorce judgment or order Item 231</p> <p><input type="checkbox"/> 043 Family income less than \$6,200–parent Items 840, 845, 850, and 855</p> <p><input type="checkbox"/> 044 Family income less than \$6,200–student only Item 636</p> <p><input type="checkbox"/> 045 Family income less than \$6,200–student and spouse Items 636, 950, and 951</p> <p><input type="checkbox"/> 046 Family income less than \$6,200–sole-support parent Item 636</p> <p><input type="checkbox"/> 047 Crown ward Item 260</p> <p><input type="checkbox"/> 048 CAG-HNPD Item 165</p> | <p><input type="checkbox"/> 051 Protected Person Item 170</p> <p><input type="checkbox"/> 052 Spouse's death certificate Item 231</p> <p><input type="checkbox"/> 053 Parents' death certificate Item 265</p> <p><input type="checkbox"/> 054 Residency - BPI Item 330</p> <p><input type="checkbox"/> 055 Residency - BPI Item 325</p> <p><input type="checkbox"/> 056 Residency - student Item 325</p> <p><input type="checkbox"/> 057 Residency - student and spouse Item 325</p> <p><input type="checkbox"/> 058 Residency - student and parent(s) Item 325</p> <p><input type="checkbox"/> 059 Residency - student Item 330</p> <p><input type="checkbox"/> 060 Residency - student and spouse Item 330</p> <p><input type="checkbox"/> 061 Residency - student and parent(s) Item 330</p> <p><input type="checkbox"/> 062 Father's net income Item 840, 841</p> <p><input type="checkbox"/> 063 Mother's net income Item 845, 846</p> <p><input type="checkbox"/> 064 Bankruptcy - discharged on or after May 11, 2004 Item 610</p> <p><input type="checkbox"/> 065 Bankruptcy - undischarged on or after May 11, 2004 Item 610</p> <p><input type="checkbox"/> 069 Parents' death certificates (Access Grants) Item 011</p> <p><input type="checkbox"/> 070 Spouse's tax payable Item 954</p> |
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I have collected and verified all supporting documentation as checked above with the information provided on this application.

<p><input type="checkbox"/> 006 Signature of Financial Aid Office staff</p>	<p>Staff name PLEASE PRINT</p>	<p>Date <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table></p>										

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<p><input type="checkbox"/> 001 Cost code <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table></p>																					<p><input type="checkbox"/> 002 Year entering <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table></p>	

I have collected and verified all supporting documentation as checked above with the information provided on this application.

<p><input type="checkbox"/> 006 Signature of Financial Aid Office staff</p>	<p>Staff name PLEASE PRINT</p>	<p>Date <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table></p>										