

# Summer 2024 OSAP Application

## (for full-time continuing undergraduates with a financial block)

**Student Information (please type or print)**

Student Number	Last Name/Family Name	Given Name(s)
Telephone Number	E-mail Address	Social Insurance Number (first 6 digits only) _ _ _ - _ _ _ - <b>XXX</b>

Is your record updated? Check your current contact information at [students.yorku.ca/student-personal-information](https://students.yorku.ca/student-personal-information)

My Enrolment Access Date is \_\_\_\_\_

List the summer courses that you intend to enrol in:

	Faculty	Department	Course ID & Credit Value	Term	Course Start & End Dates (include exam period)	Number of Weeks
<b>EXAMPLE:</b>	AP	HIST	3600 3.00	S2	July 4 to August 24	8
					_____ to _____	
					_____ to _____	
					_____ to _____	
					_____ to _____	

Are you taking summer credit courses at another institution to be applied towards your York University degree?

- Yes - you must also complete and submit a *Studies at Another Institution* form ([osap.yorku.ca/osap-forms](https://osap.yorku.ca/osap-forms))
- No

This section must be completed. Please initial any changes.

Expected Resources During Your Summer Term	Source(s)	Amount of Income (enter zero if none expected)
Total gross income		\$
Government benefits (examples: Employment Insurance, WSIB, Ontario Works, CPP, ODSP)		\$
Scholarships, bursaries and awards		\$

**Do not include in the above:** OSAP; BSWD / CSG-PDSE; GST/HST Rebates; Child Tax Benefits; Tax refunds; RESPs; York University scholarships, bursaries and/or awards

If you are not attending full-time studies in Winter 2024 term, enter any income from Ontario Disability Support Program or Ontario Works you expect to receive any time from April 1, 2024 to the start of your Summer 2024 term.

**Amount of Income:** \$ \_\_\_\_\_ **Source(s):**  Ontario Disability Support Program  Ontario Works

**Do you have child care costs during the summer study period?**  Yes (amount = \$ \_\_\_\_\_)  No

**Do you have a tuition waiver for your summer courses?**  Yes  No

**What is your current marital status?**

- Single  In a common-law relationship  Married  Sole-support parent with dependent children

**PLEASE COMPLETE AND SIGN PAGE 2 BEFORE SUBMITTING FORM**

**Student's Declaration And Signature**

- I declare the above information to be true and complete in all respects.
- I will notify the Office of Student Financial Services immediately if my financial, marital or academic status changes by submitting a **Change Request** form ([osap.yorku.ca/osap-forms](https://osap.yorku.ca/osap-forms)).
- I understand that any changes to this information after I enrol in the courses may cause an OSAP overaward, thus affecting my OSAP eligibility.
- I agree to redirect (remit) my OSAP funding to York University towards payment of all outstanding debts on my student account with the University.
- If OSAP funding is insufficient, I am personally responsible to pay the balance through other financial resources.
- I understand that any tuition refund must be sent to the NSLSC to be applied towards my outstanding student loan.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE ENSURE YOUR DEBT REPAYMENT APPLICATION IS COMPLETED**

Protection of Privacy: Personal information in connection with this form is collected under the authority of *The York University Act, 1965*. This information is used to process your application and decide on your eligibility for the awards you indicate. Once an award has been granted, York University may disclose certain information to the donor of the award, provincial funding organizations and/or York University academic departments/Faculties and colleges, as set out. If you have any questions about the collection, use or disclosure of this information by York University, please contact the Manager, Registrarial Services, W120 Bennett Centre for Student Services, York University, 4700 Keele Street, Toronto ON, M3J 1P3, 416-872-9675.