



CAMPUS EMPLOYMENT SERVICE
EMPLOYMENT APPLICATION FORM

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PLEASE FOLLOW THE APPLICATION INSTRUCTIONS:

- 1. Complete the Campus Employment Application & Ontario Work Study forms and attach your current resume and return to The SUCCI Office in the Shuniah Building
2. Please review the OWSP conditions on the Financial Aid web page at: http://www.confederationc.on.ca/financialaid once the Financial Aid Office has reviewed your application, they will advise you as to your eligibility via your college email.

LAST NAME FIRST NAME INITIAL

STUDENT ID PROGRAM YEAR

PERMANENT ADDRESS APARTMENT

CITY PROVINCE POSTAL CODE

PHONE CELL EMAIL @confederationc.on.ca

POSITIONS APPLYING FOR: (to view postings go to www.succi.com/student-jobs)

- 1. 2.
3. 4.

Applications for positions will not be successful where the applicant is closely related to, the immediate supervisor of the position, who has disciplinary and evaluative functions to perform over the successful applicant or performs an auditing function, or any member of the Board. Closely related means: parents (including "step"), spouse (including common-law), children (including "step") and grandchildren, brothers and sisters, father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law and sister-in-law.

PLEASE INDICATE THE HOURS & DAYS AVAILABLE FOR WORK:

Monday Tuesday
Wednesday Thursday
Friday Saturday
Sunday

Signature Date



O.W.S.P FINANCIAL NEED ASSESSMENT FORM 2011-2012

Applicant's Name: _____ Student Number : _____

College Email _____@confederationc.on.ca SIN #: _____ - _____ - _____

Program of Study: _____ Year of Study _____ Course Load % _____

Did you apply for and are you receiving OSAP? YES NO

Are you a Resident of Ontario? YES NO

Citizenship Status: Canadian Citizen Permanent Resident Protected Person

"Note: if you will be in receipt of OSAP funding, please ensure you report your estimated work study income on your OSAP Application."

If you are receiving OSAP, then do not complete the budget form below, move on to the application signature.

PLEASE COMPLETE THE FOLLOWING BUDGET FOR THE SEPT/2011 TO APRIL/ 2012 ACADEMIC YEAR

Please estimate your Expenses	Amount	Please estimate your Resources	Amount
Tuition & Fees		Summer Savings	
Books/supplies		Contribution from Parents/Spouse	
Rent/Food (groceries, take out)		Expected Bursaries/Scholarships	
Utilities (phone, hydro, Gas, Internet, water)		Government Income/Sponsorship	
Transportation (parking pass, Insurance, gas)		Other Resources	
Personal supplies, Clothing, Day Care, Other			
Total Expenses		Total Resources	

Total Resources minus Total Expenses = \$ _____

Applicant's Declaration

I certify that to the best of my knowledge the above information is true and correct and that I require additional funds to complete my studies. I have not previously defaulted on a student loan. I agree to notify the Financial Aid Office in writing of any change in this information during my study period. In accordance with the Freedom of Information and Privacy Act we wish to advise you that this information is being collected under the legal authority of the Colleges and Universities Act; R.S.O. 1980. C.272; R.R.O. 1980. Reg.640. Questions about this collection should be directed to the Director, Student Support Branch, P.O. Box 4500, Thunder Bay, Ontario P7B 6G9 Telephone-(807)343-7260.

Signature _____ Date _____

Financial Aid Office use only:

Approved Yes No Amount \$ _____

Study Period _____

Signature

Date