

Purpose

Use this form to request a review of your expected financial contribution used in the assessment of your **2019-20 OSAP Application for Full-time Students**.

Note:

Your request will not be considered until the ministry verifies all 2018 income reported on your OSAP Application for Full-Time Students with the Canada Revenue Agency or through the ministry's Income Verification: Canadian Non-Taxable and/or Foreign Income forms (student, parent, and/or spouse versions).

Required documentation

You must provide documentation to support your review request. The type of documentation required is outlined in each section. You may be required to provide additional documentation based on the information you submit.

Write your name and student number on all documentation submitted. Any letters written by you and your spouse (if applicable) must be signed and dated.

How to submit this form

You can upload your completed form and required documents online. Log into the OSAP website and go to your application to use the "Print or upload documents" button. Or, you can submit a paper copy as follows:

If you're going to a school in Ontario:

Send this completed form and your required document(s) to your school's Financial Aid Office.

If you're going to a school outside of Ontario:

Send this completed form and your required document(s) to: Student Financial Assistance Branch, Ministry of Colleges and Universities, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, Ontario P7B 6G9.

Deadline

This form and all required documents must be received by your financial aid office or the ministry no later than 40 days before the end of your 2019-20 study period.

Questions?**If you're going to a school in Ontario:**

Contact the financial aid office at your school.

If you're going to a school outside of Ontario:

Contact the ministry at: Student Financial Assistance Branch, Ministry of Colleges and Universities, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, Ontario P7B 6G9.

General inquiry telephone service is available Monday to Friday, 8:30 AM - 4:30 PM (Eastern Time)
Telephone: 807-343-7260.

Toll-free in North America: 1-877-OSAP-411 or 1-877-672-7411

TTY: 1-800-465-3958

Section A: Student's information

Social Insurance Number:

Ontario Education Number (OEN), if assigned:

Last name:

First name:

Student's mailing address

Street number and name, rural route, or post office box:

Apartment:

Street number and name, rural route, or post office box:

Province or state:

City, town, or post office:

Postal code or zip code:

Country:

Area code and telephone number:

Information about student's school and program

What is the name of the school you are currently attending for your 2019-20 study period?

Student number at your school:

What are the start and end dates of your 2019-20 study period?

From:

Month Year

To:

Month Year

Section B: Pre-study period

Enter income and earning amounts in dollars only. Do not enter cents or use periods or commas. If the amount is not applicable or negative, enter (0).

Pre-study period:

Your “pre-study period” is one of the following (whichever is fewer weeks):

- The 16 weeks immediately before the start of your current study period; or
- The number of weeks from the end of your last period of full-time high school or postsecondary studies and the start of your current study period.

1. Was your pre-study period 5 weeks or less?

- Yes – go to Section C
 No – go to question 2

2. What was the total number of weeks in your pre-study period?

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3. What was your total gross income during your pre-study period?

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4. Did you enter zero (0) in question 3?

- Yes – go to question 5
 No – go to Section C

5. Select the first statement that describes why you did not receive any income during your pre-study period:

- I had an illness, medical condition, or injury that prevented me from working.

Required documentation:

- A letter indicating the reason(s) that you were unable to work.
- A letter or other documentation from your physician or other regulated health care professional indicating that you had an illness, medical condition, or injury that prevented you from working, and the period of time it prevented you from working.
- If you had to leave your previous job due to illness, medical condition or injury: A copy of the Record of Employment issued by your employer showing reason for your leave as Code “D” (illness or injury).

- I have a disability that prevented me from working.

Required documentation:

- A letter or other documentation from your physician or other regulated health care professional indicating that you were unable to work due to your disability.

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- I stayed at home to care for a parent who requires care due to a disability or medical condition.

Required documentation:

- A letter indicating the reason(s) that you were unable to work during your entire pre-study period.
- A letter from your parent's physician or other regulated health care professional indicating that your parent needs daily care due to a disability or medical condition and the nature and amount of the daily care required.

- I was enrolled in full-time studies or training. This can include high school studies, academic upgrading, English/French as a Second Language studies or postsecondary preparatory programs.

Required documentation:

- A letter from an authorized individual at the school you were enrolled at during your pre-study period that includes the following:
 - The type of studies or training you attended.
 - Your study period start date and end date.
 - The hours per week of your classroom and/or training attendance.
 - The name and address of the school.
 - The name, position and contact information for the individual who provided the details in the letter. This individual must also sign the letter.

- I was in a full-time (at least 20 hours per week) unpaid placement or internship that was not eligible for OSAP consideration.

Required documentation:

- A letter from an authorized individual at the organization that includes the following about your placement/internship:
 - Your start date and end date.
 - The number of hours per week that you worked.
 - Confirmation that you did not earn income from the organization.
 - The name and address of the organization.
 - The name, position and contact information for the individual who provided the details in the letter. This individual must also sign the letter.

- I worked full-time (at least 30 hours per week) in a volunteer position.

Required documentation:

- A letter from an authorized individual at the organization that includes the following about your volunteer position:
 - Your start date and end date.
 - The number of hours per week that you worked.
 - Confirmation that you did not earn income from the organization.
 - The name and address of the organization.
 - The registered charity number or not-for-profit corporation number (if organization is not a registered charity).
 - The name, position, and contact information for the individual who provided the details in the letter. This individual must also sign the letter.

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I could not find a job for my pre-study period.

Required documentation:

- A letter indicating the reason(s) you were unable to find a job for your pre-study period; and
- One of the following:
 - A detailed summary of your job search for your entire pre-study period, including a list of prospective employers that you contacted. Documentation must show that you actively looked for all types of work and salary ranges. In lieu of a summary of the job search history, you can provide official proof of registration with an employment agency, including date of registration.
 - If you received income support through Ontario Works (OW), a letter from your OW caseworker indicating when you were on OW and that they are aware that you are enrolled in full-time postsecondary studies and receiving Full-Time OSAP.
 - If you received income support through Ontario Disability Support Program (ODSP), a copy of the pay stub from the month prior to the start of your study period or a letter from your caseworker indicating when you were on ODSP.

None of the above statements applied to me.

Section C: Study period income

Enter amounts in dollars only. Do not enter cents or use periods or commas. If the amount is not applicable or negative, enter zero (0).

6. How much non-employment income, for example, spousal support, child support, investment income do you expect to receive during your current study period?

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7. How much income do you expect to receive through employment during your current study period? Employment income includes your total gross wages as well as any tips or gratuities.

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8. Did you enter zero (0) in question 7?

- Yes – go to question 9
 No – go to Section D

9. Select the first statement that explains why you do not expect to earn any employment income during your current study period.

I have an injury, disability or medical condition that prevents me from working during my study period.

Required documentation:

- A letter from your physician or your school's Office for Students with Disabilities recommending that you not work during your study period and/or take a reduced course load for medical or disability-related reasons.

I cannot consider employment during my study period for academic reasons.

Required documentation:

- A letter explaining the reason(s) why you cannot work while enrolled in postsecondary studies; and
- If you are taking less than 100% of a full course load: A letter from your program advisor that recommended you take a reduced course load during your current study period for academic reasons.

I have been unable to find a job in my current study period.

Required documentation:

- A letter indicating the reason(s) you were unable to find a job in your current study period.
- A detailed summary of your job search for your study period to date, including a list of prospective employers that you contacted. Documentation must show that you actively looked for all types of work and salary ranges. In lieu of a summary of the job search history, you can provide official proof of registration with an employment agency, including date of registration.

None of the above statements applied to me.

Section D: Savings and other financial assets

10. Indicate type(s) and amounts of your (and your spouse, if applicable) savings and other financial assets as of the start of your study period.

Enter amounts in dollars only. Do not enter cents or use periods or commas. If the amount is not applicable or negative, enter zero (0).

Amount in all bank accounts \$

Scholarship Trust Fund or Registered Educational Savings Plans (RESPs) \$

Tax-Free Savings Accounts \$

Other assets (bonds, stocks, term deposits, GICs, mutual funds) \$

Required documentation:

- Proof of your and/or your spouse's (if applicable) bank and tax-free savings account balances, as of the first day of your study period. Examples of documentation may include bank statements or screen captures of on-line bank account information.
- A copy of your 2018 Schedule T1 from your tax return (e.g. the copy submitted to the Canada Revenue Agency).
- If you have a Scholarship Trust or RESP, documentation showing the amount of payments you will receive for your study period and the amount remaining in the account.
- If you are a single dependent student for OSAP purposes: A copy of your Canada Revenue Agency 2018 Notice of Assessment (or 2018 Notice of Reassessment if applicable).

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Section E: Student declaration

- I have given complete and true information on this form.
- I understand that I am responsible for providing all required supporting documentation as indicated on this form or as directed by my financial aid office or the ministry.
- I understand that if my request for review is approved, my application will be reassessed based on the information I have provided for this review and it may affect my eligibility and the type and amount of financial assistance I may receive.
- If I received financial assistance in excess of my entitlement, I will be responsible for the repayment of the amount of excess financial assistance received and I acknowledge that any future amount of financial assistance I am entitled to receive may be reduced by the amount owed.
- I understand that any grants that I receive may be converted into loans if I do not meet the terms and conditions of the grant in the Ontario Student Grants and Ontario Student Loans Regulation under the *Ministry of Training, Colleges and Universities Act* and the terms and conditions of Canada Student Grants in the Canada Student Financial Assistance Regulations under the *Canada Student Financial Assistance Act*.
- I understand that I am bound by the Declarations I signed on my 2019-20 OSAP Application for Full-Time Students.

Signature:

Date:

Month Day Year

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Your personal information will be used to administer and finance the Ontario Student Assistance Program (OSAP) as set out in the notice of Collection and Use of Personal Information on your OSAP application form and in accordance with the consents you signed on your OSAP application form. The Ministry of Colleges and Universities administers and finances OSAP under the legal authority set out on your OSAP application form. If you have any questions about the collection, use and disclosure of your personal information, contact the Director, Student Financial Assistance Branch, Ministry of Colleges and Universities, PO Box 4500, 189 Red River Road, Thunder Bay, Ontario P7B 6G9; 807- 343-7260.