

Ministry of Training, Colleges and Universities

Request for Review: Adjust Local Travel

Purpose of this form

This form is to be used to request a review of the financial aid that has been determined from the information on your 2012-2013 OSAP application. This review will consider adjustments to the local transportation costs considered by OSAP. If you live more than 40 km from your post-secondary institution OR it takes more than 1 hour by public transit to get to your school OR there is no public transit, you may apply for additional local travel funding from OSAP. You may NOT claim car insurance or maintenance.

insur	ance or maintenance.						
Stud	ent and School Information (to b	e completed in f	ull by the student	:)			
Student Surname			Student First Name			Social Insurance Number	
Name of School						Student Number	
Note:	study period dates must be correct	ctly identified in or	der for this review	to be considere	d. To verify these dates	s check your OSAP App	lication Summary
	able through your online student ac	count or ask a Fi	nancial Aid Adminis	strator at your so	chool.		
Current Study Period Start Date (yyyy/mm/dd) End D		End Date (yyyy)	I Date (yyyy/mm/dd)				
Instr	uctions to the student:						
1.	You must select one of the two situations listed below as the basis for your review request. If your situation does not fit, contact your financial aid office for further information. Students attending school outside of Ontario must contact the Ministry for assistance.						
2.	You must provide the following required documentation for this review: a letter of explanation (indicating the total weekly costs of local transportation incurred during the period of study; a detailed description of the travel (e.g. home and your school marked on a Google map); and a copy of your course schedule to indicate the days and times you are in school 						
3.	You MUST ensure that the documentation FULLY explains and/or supports your review request. Documentation that does not provide enough detail will no be considered. You must make sure that all documentation is readable, signed and dated and that identifying information, such as your student number, is clearly noted.						
Туре	of Review Request (select one)	:					
	I am a single student living with my parent(s) during the study period. I am commuting to school because my home is more than 40 km from campus or it takes more than one hour by public transit to commute to school or public transit is not available.						
	I am a sole-support parent or a married student. I am commuting to school because my home is more than 40 km from campus or it takes more than one hour by public transit to commute to school or public transit is not available.						
Subr	mitting and Deadlines:						
study outsi	uests for reviews, including all docu period starts, but it will not be pro de of Ontario must submit their rev ol's financial aid office.	cessed if the requ	ired documentation	n can only be pr	ovided once your studi	es have started. Studer	nts attending school
Decl	aration and Signature of Studen	t					
Onta deter file; o Stude as ar 1990 SOR inforr	personal information provided in corio Student Assistance Program (Cornio Student Assistance Program (Cornining eligibility; verifying the application of the constant of the	OSAP). This informication, any loans drepayments; and istry administers and Reg a Student Financiaget Implementation.	nation is being colle approved, grants, d auditing the admi OSAP under the au part of the au par	ected and will be bursaries, or so nistration of OS uthority of the <i>M</i> I, and O. Reg. 2 S.C. 1994, c. 28 1998, c. 21, as	e used by the ministry to holarships issued, and AP by or on behalf of your linistry of Training, Colle 68/01, as amended; s. , as amended; the Can amended. If you have a	o administer and enforce loans forgiven; maintain our educational institution and the same and Universities Act 10.1 of the Financial Act and questions about the	e OSAP, including: ning and auditing your on and the National ct, R.S.O. 1990, c. M.19, Iministration Act, R.S.O. assistance Regulations, collection or use of this
l dec	lare that I have given complete a	and true informat	tion on this form a	and all support	ing documentation.		
Signa	ature of Student				Date (yyyy/mm/dd)		
<u>X</u>							
	Office Use Only		. , , , , , , , , , , , , , , , , , , ,	<u> </u>	1, 1, 1, 1, 2, 7		Amount
Date	Received (yyyy/mm/dd)	Date Rev	iewed(yyyy/mm/dd)	Local travel (SLT) Approved	Not Approved	Amount \$
FAA	Name	I					<u>. </u>

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