

Ministry of Training, Colleges and Universities

OSAP Child-Care Bursary Application Form

Student Information								
Social Insurance Number				Institution		Program		
Last name			First name			Area code and telephone number		
Street address			City			vince F	Postal code	
Marital status: Sole-support Mar or s	hip Have you and/or your partner (if application applied for or received subsidized child							
Partner Information (if applicable) Partner's last name	Partner's first name				Partner's Social Insurance Number			
Partner's status: Employed Other Ful		f "Full-time studenstitution partn		I				
Children and Child-Care Costs								
List all dependent children 11 years of age and the number of hours of child care that are provi throughout your study period, list the child agai are receiving child-care while you are in school	ded per week, and n with the differen	d the cost of that period, hours	e child care pe , and cost. Ch	er week. If the numb hild-care costs will b	er of hours e considere	of child care per ed only for the time	week changes e your children	
First and last name of child Ag	e of child Day	From	Period of child-care To T		Year	# of hours of child-care per week	Cost of child care per week	
Declarations and Signatures								
I will use this bursary to pay the child-care costs indicated below. I understand that I may be req there are changes to my academic, financial, fa show that the bursary funds are or were used for Student Assistance Program application to be ufor which the information was originally collecte offense to give false information.	uired to repay all omily, or study-perior the intended puresed for the admin	or a part of the iod status. I ag rpose. I conser istration of the	bursary if the i ree to provide nt to the use of Child-Care Bu	information is found the required standa f any information pro ursary. I also agree	to be inacc rd OSAP C eviously col that such u	curate for any reas child-Care Bursary lected to administ use is consistent w	son and/or if Receipt(s) to er my Ontario with the purpose	
Student's signature				Date				
I have not applied for or received child-care fun below) during the study period covered by this a criminal offense to give false information.	ding from any pos application. I agree	stsecondary ins e that the inforr	titution or from nation that I p	n any government a rovided on this form	gency (othe is complete	er than the subsidy e and true. I unde	/ indicated rstand that it is a	
Partner's signature				Date				
Child-Care Provider(s) (to be comple If more than two providers, attach a letter with t		-	-	=	ature and c	lato		
		dress	ss, oociai irisu	rance Number, sign	Signature			
Social Insurance Number					Date			
Name of agency or provider	Address			Signature	Signature			
Social Insurance Number		1			Date	Date		
Subsidized Child Care to be comple	tod by the agos	nov to whom	vou applio	d for subsidized	child can			
Is the parent eligible to receive	□ No If'	"Yes", how mu	ich does	u ioi subsidized	emiu-car	<i>G</i> /		
subsidized child care?	pa	arent pay per w me and addres		су	Area	code and telepho	ne number	
Agency official's signature	Titl	le	I					
The personal information provided in connection	n with this annlicat	tion including	your Social Inc	surance Number is	necessary	for the proper adm	ninistration of the	

The personal information provided in connection with this application, including your Social Insurance Number, is necessary for the proper administration of the Ontario Student Assistance Program (OSAP). This information is being collected and will be used by the ministry to administer and enforce OSAP, including: determining eligibility; verifying the application, any loans approved, grants, bursaries, or scholarships issued, and loans forgiven; maintaining and auditing your file; collecting loans, overpayments, and repayments; and auditing the administration of OSAP by or on behalf of your educational institution and the National Student Loans Service Centre. 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; the Financial Administration Act, R.S.O. 1990, c. F. 12, 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. Thunder Bay, ON P7B 6G9.