Work Study Eligibility Application

This form must be completed in order to determine eligibility to participate in the KPU Work Study program.

PERSONAL INFORMATION

Last Name: _____First name _____

KPU Student # _____ S.I.N. # _____Phone # _____

Email:_____

Students must be:
- Taking 9 credits or more during the work term (3 credits during summer)
- Taking 6 credits or more for students with permanent disabilities (3 credits during summer)
- must be a domestic student
- must be in 'Good Academic Standing' with a CGPA of 2.0 or Higher

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Have you applied for government student loan funding (StudentAidBC) for the current term?

□ **Yes**

□ **No (must complete the Budget Worksheet on the following page)**

Once completed and signed return to SAFA at awards@kpu.ca
Any further questions please contact us at the above email address or 604-599-2700.

Student Signature: _____

Budget Worksheet

For the purposes of this application, this form is intended to reflect your expenses and resources over a 4 month period (i.e. Jan – April) and will assist Student Awards and Financial Assistance in determining eligibility for the Work Study program.

Living Expenses: Estimated Monthly Costs (enter zero where not applicable)

DESCRIPTION	EXPLANATION	AMOUNT
Accommodation	Cost of rent/room & board/mortgage you pay on a monthly basis X 4	
Food	Estimated cost per month X 4	
Transportation	Estimated bus/gas costs per month X 4	
Utilities	Cost per month (hydro, gas, phone, cable, internet, etc.) X 4	
Misc. Expenses	One-time unexpected costs or exceptional expenses (supporting documentation, receipts, etc. must be submitted)	
	Total (A):	

Income: Estimated Monthly Income (enter zero where not applicable)

DESCRIPTION	EXPLANATION	AMOUNT
Awards & Scholarships	Total amount of awards & scholarships you expect to receive during the 4 month period	
Monthly Income	Monthly net income X 4	
Other Income	All other sources of monthly income X 4	
Other contributions	One-time contribution from parents (if applicable)	
Savings	Amount available	
EI, WCB, EPPD Benefits, Income Assist.	Monthly total X 4	
Native Band Funding/Sponsorship	Enter total amount of funds you will receive for educational costs and/or living expenses	
	Total (B):	

Total Expenses   (A) $ _____

minus **Total Income (B)** $ _____

 = Financial Need $ _____

Work Study _June 2018