



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.

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

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

Yes

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

Student Signature: _____

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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 \$ _____