

**COLLEGE STUDENT EMPLOYMENT PROGRAM (CSEP) BUDGET**

Name of Student \_\_\_\_\_ SIN No. \_\_\_\_\_ Student No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

 Marital Status  Single  Sole Support Parent  Married Student

**Note: Please calculate your budget for the study period... from September to April=8 months in school (ie: Telephone \$60 X 8 months = \$480 for one academic year). Your application will NOT be processed if your budget is incorrect. Due to volume, Financial Aid Staff cannot re-do your budget.**

**Financial Information for College Year**
**Resources/Income**
**Educational/Living Expenses**

Savings at Beginning of School Year		\$ _____	Tuition Fees for year		\$ _____
Parent's Assistance		\$ _____	Books/Supplies		\$ _____
			Rent/Mortgage/		
Spouse's Assistance		\$ _____	Residence Fees	\$ _____ X _____ mths=	\$ _____
Bursaries/Scholarships		\$ _____	Hydro	\$ _____ X _____ mths=	\$ _____
Part-time Income	\$ _____ X _____ mths =	\$ _____	Gas	\$ _____ X _____ mths=	\$ _____
Orphan's Benefits	\$ _____ X _____ mths =	\$ _____	Water	\$ _____ X _____ mths=	\$ _____
Ontario Works	\$ _____ X _____ mths =	\$ _____	Cable	\$ _____ X _____ mths=	\$ _____
Child Tax Benefit	\$ _____ X _____ mths =	\$ _____	Telephone	\$ _____ X _____ mths=	\$ _____
Employment Insurance	\$ _____ X _____ mths =	\$ _____	Food	\$ _____ X _____ mths=	\$ _____
C.P.P.	\$ _____ X _____ mths =	\$ _____	Personal	\$ _____ X _____ mths=	\$ _____
Ontario Disability Support Plan	\$ _____ X _____ mths =	\$ _____	Clothing	\$ _____ X _____ mths=	\$ _____
Government Student Loan (i.e. OSAP)		\$ _____	Travel: Local	\$ _____ X _____ mths=	\$ _____
Assets you plan to/or have liquidated	\$ _____ X _____ mths =	\$ _____	Travel: Parental Home	\$ _____ X _____ mths=	\$ _____
Support Payments	\$ _____ X _____ mths =	\$ _____	Laundry	\$ _____ X _____ mths=	\$ _____
Student Line of Credit (Bank)		\$ _____	Entertainment	\$ _____ X _____ mths=	\$ _____
Private Bank Loan		\$ _____	Car Maintenance	\$ _____ X _____ mths=	\$ _____
Monetary Gifts	\$ _____ X _____ mths =	\$ _____	Car/Home Insurance	\$ _____ X _____ mths=	\$ _____
Spouses' Monthly Income	\$ _____ X _____ mths =	\$ _____	Child Care (babysitting)	\$ _____ X _____ mths=	\$ _____
Other	\$ _____ X _____ mths =	\$ _____	Payments (Line of Credit)	\$ _____ X _____ mths=	\$ _____
			Payments (Bank Loan)	\$ _____ X _____ mths=	\$ _____
			Other	\$ _____ X _____ mths=	\$ _____
<b>TOTAL RESOURCES \$ _____</b>			<b>TOTAL EXPENSES \$ _____</b>		

**Deficit/Surplus \$ \_\_\_\_\_**

Total Resources - Total Expenses = Your Financial Need

**I certify that the information provided on this application and financial statement is, to the best of my knowledge, true and complete. I authorize the Financial Aid Office to release to the Students' Association confirmation of financial need for CSEP purposes. If you are an Ontario Student Loan Program (OSAP) recipient, do NOT report CSEP income on your OSAP application. The Financial Aid Office will do this on your behalf.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by the Hiring Department:**

 Name of Department: \_\_\_\_\_ Name of Program: \_\_\_\_\_  
 Name: (please print) \_\_\_\_\_ Extension: \_\_\_\_\_  
 Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE BRING COMPLETED CSEP BUDGET FORM TO THE FINANCIAL AID OFFICE, ROOM C225**
**FAO Bursary Administrator**

 Approved  Denied 
**Comments:**


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