



CAMPUS EMPLOYMENT APPLICATION FORM

FOR MORE INFORMATION CONTACT
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**Please fill in the following required information, attach your current resume and class schedule
Incomplete applications will not be processed!**

LAST NAME _____ FIRST NAME _____ INITIAL _____

STUDENT ID #100 _____ PROGRAM & YEAR _____

PERMANENT ADDRESS _____ APT # _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE/CELL _____ EMAIL _____ @confederationcollege.ca

**Please apply to at least one position and not more than four! To view the postings, go to
www.confederationcollege.ca/student-life/succi/succi-services/student-jobs or stop by the SUCCI Office.**

1. _____ 2. _____

3. _____ 4. _____

Are you willing to be considered for other positions as they become available? Yes No

Applications for positions will not be successful where the applicant is closely related to, the immediate supervisor of the position, who has disciplinary and evaluative functions to perform over the successful applicant or performs an auditing function, or any member of the Board. Closely related means: parents (including "step"), spouse (including common-law), children (including "step") and grandchildren, brothers and sisters, father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law and sister-in-law.

SIGNATURE _____ DATE _____

Freedom of Information: All Ontario Colleges of Applied Arts & Technology are governed by the Freedom of Information and Protection of Privacy Act. This act requires that the Student Union of Confederation College Inc. advise that personal information being collected (on a student's resume, transcript, application form, etc.) is under the legal authority of the Colleges and Universities Act, RSO 1980, Chapter 272, S 5 RRO 198, Regulation 640

OFFICE USE ONLY	Date Entered: _____	Application Status: _____



CAMPUS EMPLOYMENT SERVICE FUNDING APPLICATION 2018-2019

Applicant's Name: _____ Student Number: _____

College Email _____@confederationcollege.ca

Program of Study: _____ Year of Study _____ Course Load % _____

Did you apply for and are you receiving OSAP? YES NO

Are you sponsored by WSIB or Second Career? YES NO

Citizenship Status: Canadian Citizen Permanent Resident Protected Person International Student

All Applicants Please Note: Applications with inaccurate information will not be processed

PLEASE COMPLETE THE FOLLOWING BUDGET FOR YOUR ACADEMIC YEAR (I.E. SEPT 2018 TO APRIL 2019)

Please estimate your Expenses	\$ Amount	Please estimate your Resources	\$ Amount
Tuition & Fees		Summer Savings	
Books/supplies		Contribution from Parents/Spouse	
Rent/Food (groceries, take out)		Expected Bursaries/Scholarships	
Utilities (phone, hydro, Gas, Internet, water)		Government Income/Sponsorship	
Transportation (parking pass, Insurance, gas)		Other Resources	
Personal supplies, Clothing, Day Care, Other		RESP	
		Out of Province Funding	
		Total OSAP Funding	
Total Expenses		Total Resources	

Total Resources minus Total Expenses = \$ _____

Applicant's Declaration

I certify that to the best of my knowledge the above information is true and correct and that I require additional funds to complete my studies. I have not previously defaulted on a student loan. I agree to notify the Financial Aid Office in writing of any change in this information during my study period. In accordance with the Freedom of Information and Privacy Act we wish to advise you that this information is being collected under the legal authority of the Colleges and Universities Act; R.S.O. 1980. C.272:R.R.O. 1980. Reg.640. Questions about this collection should be directed to the Director, Student Support Branch, P.O. Box 4500, Thunder Bay, Ontario P7B 6G9 Telephone (807)343-7260.

Signature _____ Date _____

Financial Aid Office use only:

Approved Yes No Amount \$ _____

Study Period _____ Signature _____ Date _____