Student's S (Print clea			First Name:		
ORK	Social Insurance #	Student #	Phone No. (	)	
U	CHANGE REQUEST		<b>G</b> FW 2006-07	□su 2007 V	
	Use this form to update y	· · · · · · · · · · · · · · · · · · ·	Indicate study period		
	(income, government ben	efits, academic awards)	Indic	ate study period	
/ E R S I T Y	(income, government ben te to be included	Do NOT include	Indic	ate study period	
Incom		Do NOT include	Indic ennium Bursary, Aim for the Top		
Incom Gross e Child-s	e <b>to be included</b> employment earnings upport and alimony payments	Do NOT include OSAP funds: loans, grants, Mill Child-Care Bursary	ennium Bursary, Aim for the Top		
<ul><li>Gross e</li><li>Child-s</li></ul>	e <b>to be included</b> employment earnings	Do NOT include • OSAP funds: loans, grants, Mill	ennium Bursary, Aim for the Top		

- · Awards, scholarships, bursaries
- York Undergraduate Bursary

## The section below refers to the student's resources:

- Enter your total GROSS income or benefits for each month 1)
- 2) Enter a zero if you are not reporting any income or benefits for a specific month
- Attach a letter explaining the reason(s) for the reported changes
- 3) 4) If you are receiving any social assistance, you are responsible to inform that agency of your OSAP assistance.

Month	GROSS Employment	Government	Scholarships,	Source of Government Income OR
	Income	Income	awards, Bursaries	Scholarship, award, bursary
January 2006				
February 2006				
March 2006				
April 2006				
May 2006				
June 2006				
July 2006				
August 2006				
September 2006				
October 2006				
November 2006				
December 2006				
Jan. 1/07 – April 30/07 or to the end of your winter study period				
Summer term – If attending summer				
courses, enter your resources				
during your summer study period.				
SU Start date: SU end date:				
If you cashed in investments/RRSPs				
while in school, enter total amount				
of cashed investments/RRSPs & date				
when you cashed them				Total Amount Date(s)

Declaration: I have provided complete and accurate information for my OSAP application to be updated. I understand that I am responsible to promptly notify Student Financial Services, in writing, of any further changes. I also understand that the income will be verified with Canada Revenue Agency and that incorrect information may affect my future OSAP eligibility. Student's Signature Date