



Office of Student Financial Aid & Scholarships
 Gilmour Hall - Room 120, Hamilton, Ontario L8S 4L8
 Phone: (905) 525-9140, Ext. 24319 Fax: (905) 521-9565
 E-Mail: osap@mcmaster.ca

2012/2013 MBA WINTER TERM OSAP ADDENDUM APPLICATION

* This application must be received in SFAS (Gilmour Hall/120) by **OCT. 15/2012** for students applying for the '12/'13 MASO bursary *

Section 1:

Last Name:	First Name:
McMaster Student ID#:	SIN:
McMaster Email:	Phone:
Current Level:	Expected Date of Degree Completion (mm/yyyy):

Check this box if you are a student with a permanent disability (PROOF OF DISABILITY MUST BE SUBMITTED OR ON FILE IN FINANCIAL AID OFFICE)

Section 2: Study Period Information

FOR EACH TERM OF THE CURRENT 2012-2013 ACADEMIC YEAR...	SEPT 2012 – DEC 2012 (Fall Term)	JAN 2013 – APRIL 2013 (Winter Term)	MAY 2013 – AUG 2013 (Spring/Summer Term)
INDICATE STATUS	WORK PLACEMENT <input type="checkbox"/> STUDY TERM <input type="checkbox"/> Reg'd # of units _____ BREAK <input type="checkbox"/>	WORK PLACEMENT <input type="checkbox"/> STUDY TERM <input type="checkbox"/> Reg'd # of units _____ BREAK <input type="checkbox"/>	WORK PLACEMENT <input type="checkbox"/> STUDY TERM <input type="checkbox"/> Reg'd # of units _____ BREAK <input type="checkbox"/>

* **NOTE:** If you will be participating in a formal **EXCHANGE** program during the winter term, you must attach your completed & signed Exchange Program Information form to this addendum along with **proof of your class start date and examination end date** for your term abroad.

Section 3: Financial Information

PLEASE COMPLETE SECTIONS A) B) C) IN FULL

A) Please indicate below your **TOTAL GROSS (before tax) resources** for **ALL TERMS** as indicated in chart below.

INCOME SOURCE	SEPT 2012 – DEC 2012 (Fall Term)	JAN 2013 – APRIL 2013 (Winter Term)	MAY 2013 – AUG 2013 (Spring/Summer Term)
EMPLOYMENT income	\$	\$	
Government Income *SPECIFY TYPE:	\$	\$	
McMaster Scholarship	\$	\$	
McMaster Bursary			
Other scholarship/bursary			
RESP (cashed in)	\$	\$	
Other Income *SPECIFY SOURCE:	\$	\$	

B) For students with dependent children...indicate total **Child Care Costs** during the **WINTER term** (if applicable): _____

C) Accommodation during the **WINTER term** (check one):

Residing with parents

Not residing with parents

DECLARATION:

I declare that I have read this application in its entirety and have given complete and true information; including all income received or to be received during each of my work and study periods from all sources including government funding assistance. Should any of the information recorded on this form change, I will promptly notify the Office of Student Financial Aid & Scholarships at McMaster University in writing.

Student Signature: _____ **Date:** _____

Office Use Only:		Effective Date _____	Cost Code _____
Field	Changes	Field	Changes
Study Start	-----	Tuition	-----
Study End	-----	Comp Fees	-----
%Course Load	-----	Books & Equip	-----
FAO Signature: _____		Date: _____	

The information gathered on this form is collected under the authority of the McMaster University Act, 1976. The information is used for the academic, administrative, financial and statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services; including access to information systems; alumni relations; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and is being collected pursuant to section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). Questions regarding collection or use of this personal information should be directed to the Director, Student Financial Aid & Scholarships, Gilmour Hall 120.