

## Application for OLSAS Fee Waiver (for entry September 2024)

### Notice of Use

Personal information on this form is collected under the authority of sections 3 and 14 of the *Lakehead University Act* and will be used in strict confidence, with no disclosure to third parties except as permitted or required by law, in the determination of eligibility for a waiver from the application fee for OLSAS. Any questions on this collection should be directed to: Student Services Advisor, Bora Laskin Faculty of Law, Lakehead University, 401 Red River Road, Thunder Bay, Ontario P7B 1B4; telephone: (807) 346-7862.

### Applicant Information

Surname	First Name	OLSAS No.
Mailing Address: Box/Street Address, City/Town, Province, Postal Code		
Email address:		
Canadian Citizen or Permanent Resident?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you currently employed on a full time basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Occupation:		
Employer's Name:		
Annual Salary:		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other: please specify	

### Applicant's Spouse Information

Married applicants must provide requested information about spouse.

Surname	First Name
Currently employed on a full time basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Occupation:	
Employer's Name:	
Employer's Phone Number:	
Annual Salary:	

## Financial Condition of Applicant and Spouse

**Note: Please attach a copy of your Notice of Assessment for the previous tax year**

<b>Income</b>	<b>2023*</b>	<b>2022</b>
Gross Employment Income of Applicant	\$	
Gross Employment Income of Applicant's Spouse	\$	
Academic Awards (scholarships, prizes, etc)	\$	
Family Support (Parents, spouse, etc)	\$	
Social Assistance (attach documentation)	\$	
Government Student Loans/Grants (please attach documentation)	\$	
<b>Total</b>	\$	
<b>Assets</b>		
Investments (RRSPs, GICs, etc)	\$	
Savings	\$	
Business	\$	
<b>Total</b>		
<b>Debt</b>		
Student Loans (attach OSAP Total Funding Issued for All Academic Years or other provinces' Notice of Assessment)	\$	
Mortgage	\$	
Other Loans	\$	
	\$	

**\* to the best of your knowledge, please fill out your estimated income, assets and debt load for 2023**

## Additional Information

If there are any additional details you would like to provide or expand upon (i.e. dependent children, special medical needs, etc), please attach with any pertinent documentation.

I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I agree to give proof of the information I have provided on this application if more documentation is requested.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

By typing your name here, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this application.

Return via email to: law@lakeheadu.ca

**Please ensure a copy of last year's summary page of your income tax return and any other supporting documentation is included in your application package.**