

Application for OLSAS Fee Waiver (for entry September 2020)

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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

Income	2019*	2018
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)	\$	
Total	\$	
Assets		
Investments (RRSPs, GICs, etc)	\$	
Savings	\$	
Business	\$	
Total		
Debt		
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 2019**

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.