

STUDENT INFORMATION

LANGARA ID:	TERM:
LEGAL SURNAME:	POSITION(S) FOR HR USE ONLY:
LEGAL FIRST NAME:	
EMAIL:	PHONE:
PROGRAM OF STUDY:	
TIME OF DAY AVAILABLE: e.g. 9am-12pm, 2pm-4pm	
Mon:	Tue:
Wed:	Thu:
	Fri:

PREVIOUS SWAP EXPERIENCE

SEMESTER:	DEPARTMENT:	DEPARTMENT CONTACT:
JOB DUTIES:		

YOUR SKILLS

Clerical		Proof Reading		Computer	Beginner	Intermediate	Advanced
Filing	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Typing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Strong Interpersonal	<input type="checkbox"/> Yes <input type="checkbox"/> No	Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word Processing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Skills		Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data Entry	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other _____		HTML (Webpages)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Tutoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	Subject _____		Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				MAC OS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have secondary language skills? Yes No If yes, which language(s)? _____

INTEREST FOR AREA OF WORK

<input type="checkbox"/> Accounting	<input type="checkbox"/> Day Care (clean up)	<input type="checkbox"/> Pacific Rim Magazine
<input type="checkbox"/> Biology Lab	<input type="checkbox"/> English	<input type="checkbox"/> Physics
<input type="checkbox"/> Bookstore	<input type="checkbox"/> Fine Arts	<input type="checkbox"/> Psychology
<input type="checkbox"/> Business Administration	<input type="checkbox"/> Helping Students with Disabilities	<input type="checkbox"/> Special Events
<input type="checkbox"/> Chemistry Research	<input type="checkbox"/> Human Performance	<input type="checkbox"/> Student Services/Counselling
<input type="checkbox"/> Chemistry Tutoring	<input type="checkbox"/> Library (Shelving)	<input type="checkbox"/> Theatre Arts
<input type="checkbox"/> College Promotional Work	<input type="checkbox"/> Math	
<input type="checkbox"/> Computer Lab	<input type="checkbox"/> Other Labs	<input type="checkbox"/> Other _____

DECLARATION OF THE APPLICANT

I hereby apply for financial assistance through the Student Work Assistance Program. All boxes must be checked before submitting application or application will not be processed.

I am a Canadian citizen or a landed immigrant, International Student with study permit and valid social insurance number, or convention refugee with proof of status.

I am/will be a Langara College Student, registered in a minimum of 9 credits, for the duration of my Student Work Assistance Program employment.

My CGPA is 2.00 or higher (for those students who are not first term) and I am in Good Standing.

I understand that if I am on student loans, it is my responsibility to report to the appropriate ministry all financial resources, including earned income.¹

I understand that Langara College may deduct any fees owing to the College from my Student Work Assistance Program pay cheques.

I understand that the maximum number of SWAP hours I can work is 100 per term.

I understand that SWAP applications are term specific, and I must apply for each term individually

STUDENT'S SIGNATURE: _____

DATE: _____

¹ If you will have employment that is additional to work under the Student Work Assistance Program, please see the Financial Aid Department.

OFFICE USE ONLY

DATE PHONED:	# OF CREDITS:	COMMENTS:
First Term? <input type="checkbox"/> Yes <input type="checkbox"/> No	CGPA:	DECISION: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
FINANCIAL AID SIGNATURE: _____		DATE: _____

COMPLETE BUDGET ONLY IF YOU ARE NOT IN RECEIPT OF STUDENT LOANS

Estimated Resources Available for You (and Spouse/ Common-law Partner) for Entire Term	Estimated Expenses for You (and Spouse/ Common-law Partner) for Entire Term
Savings as of the first day of the term: If you paid your tuition and/or book costs before the start of classes, include that amount here. \$ (Do not include student loan funding)	Tuition \$
Net Part-Time Income During Academic Term \$	Books and Supplies \$
Government Student Loans \$	Rent or Mortgage (Please note that if you live with your parent/ stepparent(s) and pay rent, please supply copies of \$ bank statements for the last 4 months to support the expense stated)
Government Student Grants \$	
EI/PWD/Income Assistance \$	Utilities (Cell, internet, hydro, etc.) \$
Sponsored Funding (Including living costs, tuition, and books) \$	Food \$
Financial Assistance from Parents or Other Family \$	Clothing \$
Spouse/Common-law Partner's Net Income \$	Miscellaneous (e.g. hygiene, household, fitness) (Details may be requested) \$
Line of Credit (If you or someone on your behalf is using a line of credit to pay for books, etc. – enter the amount here) \$	Childcare (Include subsidy) \$ Transportation (Details may be requested) \$
Childcare Subsidy \$	Medical/Dental (Not covered by the Langara Medical/Dental Plan) (Details and receipts may be requested) \$
GST Rebate and/or Child Tax Benefit \$	Exceptional (Must attach details and submit receipts) \$
Any Other Income Resources \$	Please note that miscellaneous/transportation/ medical/dental/exceptional expenses may require details and receipts if requested by Financial Aid.
Total Resources \$	Total Expenses \$

TOTAL EXPENSES MINUS (-) TOTAL RESOURCES (=) TOTAL NEEDED: \$ _____

While in studies, will you be living with your parent(s)/stepparent/legal guardian or live in a home rented or owned by them? Yes No

MARITAL STATUS (CHECK ALL THAT APPLY) *If you are a single parent and living common-law, please check both boxes
 Single Separated/Divorced Married Single Parent Common-law Children (how many? _____)

COLLECTION, USE, AND DISCLOSURE OF STUDENT INFORMATION

- All information provided on this application is complete, accurate, and truthful to the best of my knowledge.
- Langara College collects the information on this form under the authority of the College and Institute Act [RSBC 1996, Ch. 52, S. 41.1]. Financial Aid Services will use and disclose the information to review, process, and award bursaries to eligible students in compliance with the provisions of the Freedom of Information and Protection of Privacy Act [RSBC 1996, Ch. 165]. A Financial Aid Advisor or designate may disclose the contents of this application to any organization or employer listed as a source of income, or the source to which any of the expenses on this application are attributed, e.g. landlord, dentist, day care, etc. Any information disclosed in this application is subject to audit and you may be asked to provide proof of any expenses or income listed in the application.
- With your consent, a Financial Aid Advisor or designate may disclose your personal information, including your name and program, to the donor of any bursary awarded. The donor may use the information for auditing or reporting purposes. Direct questions about compliance with the Freedom of Information and Protection of Privacy Act to the Assistant Registrar, Financial Aid Services, Langara College, 100 West 49th Avenue, Vancouver, B.C., V5Y 2Z6, Phone: 604.323.5095.

STUDENT'S SIGNATURE: _____ **DATE:** _____