

Seneca
POLYTECHNIC



This EXTENSION form can be used to extend your OSAP application when ALL of the following requirements are met:

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Last Revised: November 22, 2024

Request for Extension of 2024-2025 Full-time OSAP Application:

Fall to Winter -OR- Winter to Summer

Extension Term Program Name: _____

Extension Term Study Period Income: Start Date: _____ End Date: _____
Month Day Year Month Day Year

(i) Expect to earn more than \$5,600 during your study period: ☐ No ☐ Yes → Amount: \$ _____

(ii) Bursaries, Scholarships and Awards (outside of Seneca): ☐ No ☐ Yes → Amount: \$ _____

(iii) Government Income: ☐ No ☐ Yes → Amount: \$ _____

→ Type of Government Income:

☐ Employment Insurance ☐ WSIB ☐ Canada Pension Plan ☐ Ontario Works

☐ Second Career ☐ Ontario Disability Support Income ☐ Other _____
Please specify

(iv) Do you have any dependent children under age 12? ☐ No ☐ Yes → indicate childcare cost per child below:

1) Child's Name: _____ Amount: _____ 2) Child's Name: _____ Amount: _____

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

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I have read the above statement and hereby authorize the release of information contained herein to the above mentioned.

Signature: _____ Date: _____