

IN THE MATTER OF:

AND

IN THE MATTER OF: An application to the Ontario Student
Assistance Program (OSAP)

AFFIDAVIT

I, _____ of the City of _____ in the District of _____
hereby make oath and say as follows:

- 1) That I have custody of a child/ children, namely _____ ,
_____ and _____ .
- 2) This child/children will be living me full-time during the 20_____-_____ study period.
- 3) I receive monthly child support in the amount of \$_____.
- 4) I am a sole support parent and I am not married nor in a common law relationship.

Signature

Student

SWORN before me

at the City of _____

in the District of _____

this _____

day of _____, 20____

Commissioner's signature

Name (please print)

Official
stamp
required

Note: This affidavit must be sworn before a Justice of the Peace, Commissioner for Oaths, or a lawyer.

Protection of privacy

The information on this form is collected under the authority of the Nipissing University Act, 1992. The University uses relevant personal information on this form to administer scholarships, bursaries, awards, loans, work study, and OSAP for the purposes of determining eligibility, verifying the application and calculating entitlements. The personal information may be disclosed to employees of the university, donors, the federal government, and ministries of the Ontario government for the purpose of notification and verification of the application of any award. If you have any questions about the collection, use, and disclosure of this information please contact the Financial Aid Office, Nipissing University, 100 College Drive, North Bay, ON P1B 8L7, (705) 474-3450 ext. 4297.