



Jasraj Singh Johal
13 Leland St
Hamilton, ON L8S2Z8
Canada

Date: September 26, 2025
Account: 025253733
Student no: 400434346
School: McMaster University
Program: COMPUTER SCIENCE IN ENG CO-OP
Study period: Sep 1, 2025 to Aug 31, 2026
Financial aid McMaster University
office: Student Services
Gilmour Hall Room 108
1280 Main St West
Hamilton, ON L8S 4L8

Section A: Student and parent information

Note:

When completing this form, full-time postsecondary studies means taking at least 60% of a full course load (or 40% or more if you are a student with a permanent disability or a persistent or prolonged disability).

Part 1: Student information

1. Have you lived in Canada for your entire life?

- Yes - go to question 3
- No

2. When did you arrive in Canada?

Month Year
| 1 | 0 | 2 | | 0 | 2 | 2 |

3. Have you ever received student financial assistance for full-time postsecondary studies from a Canadian province or territory other than Ontario?

- Yes
- No - go to question 6

4. From what province or territory in Canada did you receive this financial assistance?

5. What were the start and end dates of your postsecondary studies that you received this financial assistance?

Month Year Month Year
From: To:

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6. Have you ever received student financial assistance for full-time postsecondary studies from a country other than Canada?

- Yes
- No - go to **Part 2: Information about your parent(s).**

7. From what country did you receive this financial assistance?

8. What were the start and end dates of your postsecondary studies when you received this financial assistance?

From:

Month	Year

 To:

Month	Year

Part 2: Information about your parent(s)

Refer to your **OSAP Application** to see which of your parent(s) are listed as Parent 1 and/or Parent 2.

Parent 1 information

9. Has Parent 1 lived in Canada for their entire life?

- Yes - go to question 11.
- No

10. When did Parent 1 arrive in Canada?

Month Year

0	5	2	0	2	3
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Parent 2 information

11. Has Parent 2 lived in Canada for their entire life?

- Yes - go to **Section B: Current address**
- No

12. When did Parent 2 arrive in Canada?

Month Year

1	0	2	0	2	2
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Section B: Current address

In this section, provide information based on where you are currently living.

Street number and name or rural route:

13 LELAND ST

Apartment:

Street number and name or rural route:

City or town:

HAMILTON

Province or State:

ON

Country:

CANADA

Postal code or zip code:

L8S 2Z8

13. When did you move to this address?

Month Year

05 2025

14. While living at this address, have you taken any full-time postsecondary studies?

- Yes - If yes, provide the start and end dates of your most recent full-time postsecondary study period while living at this address:

From: Month Year To: Month Year
05 2025 09 2025

No

15. Are your parent(s) living with you at this address?

Yes

- No - **Required documentation:** Provide your parent(s) current address on a separate page. Include their street name and number, apartment number, city/town, province/state and country where they are living, as well as the date they moved to their current address. Include the information when submitting your form.

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Section C: Previous address details

In this section, provide information based on all other addresses (excluding your current address) that you and your parents lived at in Canada.

- **If you need more space:** Print extra copies of this page and attach it to your form.
- **If you or your parents were in full-time postsecondary studies:** Please ensure you demonstrate the details of the last province/territory you and/or your parents lived in for a minimum of 12 months outside of full-time postsecondary studies.
- **If parent(s) did not live with you at any point while residing in Canada:** On a separate page, provide your parent's address information for any time period that they did not live with you. Include the street name and number, apartment number, city/town, province/ state and country where they were living, as well as the dates they were there. Provide this information on a separate page and include it when submitting your form.

Previous address #1:

Street number and name or rural route:

280 EMERSON STREET

Apartment:

City or town:

HAMILTON

Province or State:

ON

Country:

CANADA

Postal code or zip code:

L8S2Y7

16. When did you live at this address?

From:

0	7	2	0	2	4
---	---	---	---	---	---

 To:

0	5	2	0	2	5
---	---	---	---	---	---

17. While living at this address, did you take any full-time postsecondary studies?

Yes - If "Yes", provide the start and end dates of your most recent full-time postsecondary study period while living at this address:

From:

0	7	2	0	2	4
---	---	---	---	---	---

 To:

0	5	2	0	2	5
---	---	---	---	---	---

No

18. Did your parent(s) live with you at this address for the entire time you lived there?

Yes

No - **Required documentation:** See the start of Section C for what information you must provide with this form.

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Previous address #2

Street number and name or rural route:

59 JAMES STREET

Apartment:

City or town:

DUNDAS

Province or State:

ON

Country:

CANADA

Postal code or zip code:

L9H2J8

21. When did you live at this address?

From: Month Year To: Month Year
 05 20 23 To: 07 20 24

22. While living at this address, did you take any full-time postsecondary studies?

Yes - If "Yes", provide the start and end dates of your most recent full-time postsecondary study period while living at this address:

From: Month Year To: Month Year
 05 20 23 To: 07 20 24

No

23. Did your parent(s) live with you at this address for the entire time you lived there?

Yes

No - **Required documentation:** See the start of Section C for what information you must provide with this form.

24. If you were not a Canadian Citizen, Permanent Resident, or Protected Person when you resided at the address provided above, please specify your Canadian residency status during that period.

Study Permit

Work Permit

Other

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Previous address #3

Street number and name or rural route:

512B 1280 MAIN ST W

Apartment:

City or town:

HAMILTON

Province or State:

ON

Country:

CANADA

Postal code or zip code:

L8S4N9

26. When did you live at this address?

From:

Month	Year
10	2022

 To:

Month	Year
05	2023

27. While living at this address, did you take any full-time postsecondary studies?

Yes - If "Yes", provide the start and end dates of your most recent full-time postsecondary study period while living at this address:

From:

Month	Year
10	2022

 To:

Month	Year
05	2023

No

28. Did your parent(s) live with you at this address for the entire time you lived there?

Yes

No - **Required documentation:** See the start of Section C for what information you must provide with this form.

29. If you were not a Canadian Citizen, Permanent Resident, or Protected Person when you resided at the address provided above, please specify your Canadian residency status during that period.

Study Permit

Work Permit

Other

Details of Parent 1: Jasminder Pal Singh Johal

Period		Address	Status in Canada
From	To		
10/2022	05/2023	House No 312 Phase 3 B1 Mohali District SAS Nagar Punjab – 160059 India	Not in Canada. No Status
05/2023	07/2023	12451 Eighth Line Georgetown Ontario – L7G 4S4 Canada	Work Permit
07/2023	09/2025	84-27735 Roundhouse Drive Abbotsford British Columbia - V4X 0B9 Canada	Permanent Resident

Details of Parent 2: Baljeet Kaur

Period		Address	Status in Canada
From	To		
10/2022	02/2023	12451 Eighth Line Georgetown Ontario – L7G 4S4 Canada	Work Permit
02/2023	07/2023	12451 Eighth Line Georgetown Ontario – L7G 4S4 Canada	Permanent Resident
07/2023	09/2025	84-27735 Roundhouse Drive Abbotsford British Columbia - V4X 0B9 Canada	Permanent Resident

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Section D: Parental and student declarations and signatures

Part 1: Parent(s)

I declare that the information provided about me on this form, as well as on any attachments is complete and true.

Parent 1

Parent 1 first name:

J A S M I N D E R P A L S I N G H

Parent 1 last name:

J O H A L

Signature of Parent 1:

Date:

Day	Month	Year
26	09	2025

Parent 2

Parent 2 first name:

B A L J E E T

Parent 2 last name:

K A U R

Signature of Parent 2:

Date:

Day	Month	Year
26	09	2025

Part 2: Student

I declare that the information provided on this form, as well as on any attachments is complete and true.

Signature of student:

Date:

Day	Month	Year
26	09	2025

Your personal information, as well as the information on your parent(s), will be used to administer and finance the Ontario Student Assistance Program (OSAP) as set out in the notice of Collection and Use of Personal Information on your OSAP application and in accordance with the consents you signed on your OSAP application. The Ministry of Colleges and Universities administers and finances OSAP under the legal authority set out on your OSAP application. If you have any questions about the collection, use and disclosure of personal information, contact the Director, Student Financial Assistance Branch, Ministry of Colleges and Universities, PO Box 4500, 189 Red River Road, Thunder Bay, Ontario, P7B 6G9; 807-343-7260.

How to complete this form

This form has 4 sections. You will be completing all sections.

If you and your parent(s) did not live at the same address, their address details, including the dates they lived at the address, must be provided in addition to your own address details. Information about any full-time postsecondary studies you have taken during that time is also required.

The information will be used by the Ministry of Colleges and Universities (the ministry) to determine if you meet the Ontario residency requirements for OSAP purposes. Transcripts and/or proof of address may be requested at any point during the review process.

Both you and your parent(s) must sign this form and any attachments provided.

How to submit this form**Upload it online:**

Log into the OSAP website and go to your application to use the "Print or upload documents" button.

Submit a paper copy:**If you're going to school in Ontario:**

Send this completed form and any attachments to your school's financial aid office.

If you're going to school outside Ontario:

Send this completed form and any attachments to:

Student Financial Assistance Branch
Ministry of Colleges and Universities
PO Box 4500, 189 Red River Road, 4th Floor
Thunder Bay, Ontario
P7B 6G9

Deadline

If you have submitted an OSAP Application for Full-Time Students, this form and all attachments (if applicable) must be received by your financial aid office or the ministry no later than 40 days before the end of your 2025-26 study period.

If you have submitted an OSAP Application for Micro-credentials, this form and all attachments (if applicable) must be received no later than 5 days after the end of your 2025-26 study period.

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Questions?

If you're going to school in Ontario:

Contact the financial aid office at your school.

If you're going to school outside Ontario:

Contact the ministry at:

Student Financial Assistance Branch
Ministry of Colleges and Universities
PO Box 4500, 189 Red River Road, 4th Floor
Thunder Bay, Ontario
P7B 6G9

General inquiry telephone service is available Monday to Friday, 8:30 AM – 4:30 PM (Eastern Time)

- Telephone: 807-343-7260
- Toll-free in North America: 1-877-OSAP-411 or 1-877-672-7411
- TTY: 1-800-465-3958