



Jasraj Singh Johal  
280 Emerson St  
Hamilton, ON L8S2Y7  
Canada

Date: August 9, 2024  
Account: 024232094  
Student no: 400434346  
School: McMaster University  
Program: COMPUTER SCIENCE IN ENG CO-OP  
Study period: Sep 3, 2024 to Apr 26, 2025  
Financial aid: McMaster University  
office: Aid & Awards  
Gilmour Hall Room 120  
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 |
|---|---|---|---|---|---|

**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:

280 EMERSON STREET

Apartment:

Street number and name or rural route:

City or town:

HAMILTON

Province or State:

ON

Country:

CANADA

Postal code or zip code:

L8S 2Y7

**13. When did you move to this address?**

Month Year

07 2024

**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      Month Year  
 07 2024      To: 08 2024

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:

59 JAMES STREET

Apartment:

City or town:

DUNDAS

Province or State:

ON

Country:

CANADA

Postal code or zip code:

L9H 2J8

#### 16. When did you live at this address?

From: Month Year To: Month Year  
 05 2023 07 2024

#### 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: Month Year To: Month Year  
 05 2023 07 2024

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:

1 2 8 0 M A I N S T

Apartment:

5 1 2 B

City or town:

H A M I L T O N

Province or State:

O N

Country:

C A N A D A

Postal code or zip code:

L 8 S 4 N 9

**21. When did you live at this address?**

From: Month Year To: Month Year  
 1 0 2 0 2 2 To: 0 5 2 0 2 3

**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  
 1 0 2 0 2 2 To: 0 5 2 0 2 3

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



**Details of Parent 1: Jasminder Pal Singh Johal**

| Period  |         | Address   | Status in Canada               |
|---------|---------|---|--------------------------------|
| From    | To      |   |                                |
| 10/2022 | 05/2023 | House No 312<br>Phase 3 B1 Mohali<br>District SAS Nagar<br>Punjab – 160059<br>India | Not in<br>Canada.<br>No Status |
| 05/2023 | 07/2023 | 12451 Eighth Line<br>Georgetown<br>Ontario – L7G 4S4<br>Canada                      | Work<br>Permit                 |
| 07/2023 | 08/2024 | 84-27735 Roundhouse Drive<br>Abbotsford<br>British Columbia - V4X 0B9<br>Canada     | Permanent<br>Resident          |

**Details of Parent 2: Baljeet Kaur**

| Period  |         | Address   | Status in Canada      |
|---------|---------|---|-----------------------|
| From    | To      |   |                       |
| 10/2022 | 02/2023 | 12451 Eighth Line<br>Georgetown<br>Ontario – L7G 4S4<br>Canada                  | Work<br>Permit        |
| 02/2023 | 07/2023 | 12451 Eighth Line<br>Georgetown<br>Ontario – L7G 4S4<br>Canada                  | Permanent<br>Resident |
| 07/2023 | 08/2024 | 84-27735 Roundhouse Drive<br>Abbotsford<br>British Columbia - V4X 0B9<br>Canada | Permanent<br>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:**

*Jasraj Singh*

**Date:**

| Day | Month | Year |
|-----|-------|------|
| 09  | 08    | 2024 |

**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:**

*Baljeet*

**Date:**

| Day | Month | Year |
|-----|-------|------|
| 09  | 08    | 2024 |

**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:**

*Jasraj*

**Date:**

| Day | Month | Year |
|-----|-------|------|
| 09  | 08    | 2024 |

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 2024-25 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 2024-25 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