**The** **BU/BUSU** **Work** **Study**

**2019** **Application** **Form**

*Please complete all applicable fields. If additional space is required, please attach additional sheets to this application.*

**Applicant Information**

Name

Department

Address

Phone

Email

Academic Director (if different than above)

Have you received funding from the Work Study Program in the past? (circle) Yes No

If yes, what year(s)?

How did you hear about the Work Study Program?

**Project Information**

**Project name:**

Describe Academic component of the Project:

Please provide in space below or attach a budget for this project, including any other sources of funding you may have from any other sources, including internal and external organizations or other sources:

How many hours of work do you expect this project to require?

*Please attach an abstract, project proposal, job posting, and any other information that you feel would be relevant to your application.*

Applicant Signature Date

*Thank you for your application and your interest in the Work Study Program. The deadline for applications is Friday, March 1st, 2019.*

Please deliver your completed application and attached documents to: Emily Simon

VP Internal

Brandon University Students’ Union (KDC Building) Fax: (204) 727-3498

Email: vpi@busu.ca Phone:204-727-7314

**FOR** **OFFICE** **USE** **ONLY:**

*Date Received:*

*APPROVED.Amount:*

*DENIED. Reason:*