**The BU/BUSU Work Study**

**2022 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 from above): |  |

|  |  |
| --- | --- |
| Have you applied to the Work Study Program in the past? | • Yes • No |

|  |  |
| --- | --- |
| If yes, what year(s)? |  |

|  |  |
| --- | --- |
| How did you hear about the Work Study Program? |  |

**Project Information**

|  |  |
| --- | --- |
| Project Name: |  |

Describe the Academic Component of the project:

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Please provide 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:

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| 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.*

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Applicant Signature Date

*Thank you for your application and your interest in the Work Study Program. The deadline for applications is Friday, April 15th, 2022.*

Please email your completed application and attached documents to:

Similoluwa Omotoye

Brandon University Students’ Union

270 18th Street

Brandon, MB R7A 6A9

Fax: (204) 727-7314

Email: [vpi@busu.ca](mailto:vpi@busu.ca)

**FOR OFFICE USE ONLY:**

|  |  |
| --- | --- |
| Date Received: |  |

|  |  |
| --- | --- |
| • APPROVED. Amount: |  |

|  |  |
| --- | --- |
| • DENIED. Reason: |  |