



## APPLICATION FOR OLSAS FEE WAIVER

For Entry September 2018

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### APPLICANT INFORMATION

Surname	First Name	Middle Name	OLSAS Username
<b>Mailing Address</b>			
Box / Street Address		City	
Province	Postal Code	Country	
Telephone #	E-mail Address		
<b>Marital Status</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common Law		
<b>Citizenship/Status in Canada</b>	Canadian <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Study Permit <input type="checkbox"/> Other <input type="checkbox"/> _____		

### EMPLOYMENT INFORMATION

Are you currently employed on a full-time basis?  Yes  No

Occupation: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Annual Salary: \_\_\_\_\_

### Applicant's Spouse Information (if applicable)

(Married/Common Law applicants must provide requested information about spouse)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Annual Salary: \_\_\_\_\_

## FINANCIAL CONDITION OF APPLICANT AND SPOUSE

Taxable income from Revenue Canada form that includes annual salary, wages, tips, interest income, welfare, and other compensation:

**Important: Attach photocopy of the summary page from your most recent personal tax return.**

Income	2014	2015	2016
Applicant	\$	\$	\$
Applicant Spouse (if applicable)	\$	\$	\$
<b>Total</b>	\$	\$	\$

Number of exemptions claimed by applicant in  
 \_\_\_\_ 2014 \_\_\_\_ 2015 \_\_\_\_ 2016

Amount of financial aid awarded to applicant this  
 year (if applicable)?  
 \$ \_\_\_\_\_ .00

Value of Assets	Investments/ Cash	Home Equity	Other Real Estate	Business/Farm	Other	Total
Applicant & Spouse	\$	\$	\$	\$	\$	\$
Current Debt	Credit Cards	Student Loans	Mortgages	Other Loans	Unpaid Medical	Total
Applicant & Spouse	\$	\$	\$	\$	\$	\$

If there are additional details that you wish to provide or if you wish to expand upon any of the information given, (e.g. note any dependent children and their ages, any special medical needs, etc.) please explain with an additional document.

I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I agree to give proof of the information that I have provided on this application if requested to do so. I realize this proof may include a copy of my income tax return.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By typing your name here, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this application.

**Return via e-mail to:** [jd@queensu.ca](mailto:jd@queensu.ca)

**If you prefer to send via regular mail, please send to:**

Queen's University  
 Faculty of Law  
 Admissions Office, Macdonald Hall, Room 301  
 128 Union St.  
 Kingston, Ontario K7L 3N6

**N.B. Remember to include a copy of the summary page of your most recent income tax return and any other supporting documentation.**