



Part-Time Canada Student Loan and Canada Study Grant Application

(Formulaire disponible également en français)

Student Financial Assistance
Advanced Education Branch
Government of Yukon
Box 2703
Whitehorse, Yukon Y1A 2C6
Pnone: 867-667-5929 Fax 867-667-8555
www.education.gov.yk.ca/advanceded/sfa

CHECK TYPE OF ASSISTANCE YOU ARE APPLYING FOR

- Canada Student Loan Part Time Loan - Maximum \$4000.00
- Canada Study Grant for High Need Part Time Students only
(I do not require the Part-time Canada Student Loan)
(Students must have family responsibilities to be eligible)
- Canada Study Grant for Students with Disabilities only
(I do not require the Part-time Canada Student Loan)
(See page 8 for details)

Note: Part-Time Canada Student Loan applicants with dependents will automatically be assessed for the Canada Study Grant for Students with dependents. See page 8 for details.

INSTRUCTIONS TO STUDENT:

- **APPLICATIONS MUST BE FILLED OUT IN INK. PLEASE PRINT CLEARLY**
 - Completed applications should be returned to the above address.
 - Please refer to our "Student Financial Assistance" booklet or call our office for clarification on any of our programs.
- Your application is not considered complete unless all applicable sections are completed and all required documentation is attached or submitted. Incomplete applications will be returned which may cause delays or missed deadlines.

SECTION 1 - PERSONAL INFORMATION

Last Name: | _____ | Given Name: | _____ | Middle Initial: | ____ |

Social Insurance Number: | _____ |

Permanent Mailing Address
(T4A will be sent here)

Mailing Address While Attending School
(Do not use institution address other than for residence)

| _____ |
Address

| _____ |
Address

| _____ |
Extra line for address

| _____ |
Extra line for address

| _____ | | _____ |
City Prov/Terr/State

| _____ | | _____ |
City Prov/Terr/State

| _____ | | _____ |
Country Postal Code / Zip Code

| _____ | | _____ |
Country Postal Code / Zip Code

(_____) _____
Telephone

(_____) _____
Telephone

| _____ |
E-Mail (will be used to communicate on incomplete applications)

| _____ |
E-Mail (will be used to communicate on incomplete applications)

SECTION 1 - PERSONAL INFORMATION (cont'd)

Gender: Female Male

Date of Birth: |_____| |_____| |_____|
Year Month Day

Place of Birth: |_____| |_____| |_____|
City Territory/Province/State Country

Canadian Resident From: |_____| |_____| (do not leave blank) If born in Canada put year and month of birth
Year Month

Yukon Resident From: |_____| |_____| (do not leave blank) If you have ever left the Yukon for more than 12 consecutive months enter your most recent return date
Year Month

At the time of this application I am: Single Single Parent Married Common Law
(living together 1 year or more)

At the time of this application I am: Canadian Citizen
 Landed Immigrant (Copy of Confirmation of Permanent Residence must be attached)
 Protected Person (Copy of Protected Person Status Document must be attached)

Next of Kin: (e.g. father, sister, etc. do not use your spouse or your children as next of kin):

|_____| |_____|
Last Name Given Name

|_____| |_____|
Address Extra line for address

|_____| |_____|
City Prov/Terr/State

|_____| |_____|
Country Postal Code/Zip Code

Optional for Statistical Purposes Only: The information is used to improve Advanced Education Programs and Services.

Aboriginal people are persons in Canada who consider themselves to be Status, Non-Status, Inuit, Metis and/or a Beneficiary.

Do you consider yourself to be an aboriginal person? Yes No

If YES, please mark the applicable box: Status Non-Status

Are you a citizen of a Self Governing First Nation? Yes No

If YES, please indicate which First Nation: |_____|

Do you consider yourself as having a disability? Yes No

Do you consider yourself a member of a visible minority group? Yes No

SECTION 2 - RESIDENCY INFORMATION

Give a complete breakdown of where you were actually living for the 2 years immediately prior to the start of your classes for this academic year. **Show separately the periods you were in school and not in school.**

From		To		City	Territory/Province/State	Country	I was in School		
Year	Month	Year	Month				Ftime	Ptime	No
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3 - STUDENT'S DEPENDENTS (if applicable)

Please list your dependent(s)

Last Name, First Name	Age	Relationship to You	Lives With You		Shared Custody		Attending Post-Secondary	
			Yes	No	Yes	No	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you share custody of your dependent(s) when do they live with you? _____

DAYCARE EXPENSES:

If you have day care expenses during your class hours for children 11 years and younger, what is your weekly day care costs for the study period? \$ _____ (weekly)

SECTION 4 - PROGRAM INFORMATION FOR THIS SCHOOL YEAR

The information you will be providing below is for an entire academic school year. You have to apply yearly if you are continuing your studies and want to reapply for part-time assistance.

Name of Institution: _____

Campus, if applicable: _____

City Prov/Terr/State

Student Identification Number: _____

Program of Study: _____
(i.e. Science, Geography, Engineering, Upgrading, etc.)

How many years is your program? (i.e. 1, 2, 3, 4 or 5 year duration)

Which year of program are you currently entering? (i.e. 1st year of a 1, 2, 3 or 4 year program)

Are you taking this program by correspondence? Yes No

I am enrolled in the following courses:	Course Description	Course Code	Type of Instruction
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

SECTION 5 - PREVIOUS AND REQUIRED ASSISTANCE

I request a Part-time loan to take part-time post-secondary studies in the amount of \$_____ (maximum \$4000)

I am applying for a Part-time Canada Student Loan for the sole purpose of qualifying for the Canada Study Grant for High Need part-time study and I am not interested in applying for the part-time loan portion.

• Have you ever received a Canada Student Loan for full-time studies? Yes No

• Have you ever received a Canada Student Loan for part-time studies? Yes No

If yes, what is the outstanding principal owing on your part-time loan? \$_____

• Have you received a Canada Study Grant for High Need Part-time Study for this loan year (August - July)? Yes No

If yes, what is the total amount you have received so far for this loan year? \$_____

SECTION 6 - TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION

This section is to be completed by your educational institution. This is to verify that all information provided in Section 4 is complete and correct.

Name of Student: |_____||_____||
Last Name First Name

For this school year: The start date of this applicant's classes is: From: |_____| |_____| |_____|
Year Month Day

The finish date of this applicant's classes is: From: |_____| |_____| |_____|
(include exam dates) Year Month Day

What type of program is this applicant taking? Certificate (normally 1 year duration)
 Diploma (normally 2 year duration)
 Under-graduate degree (normally 4 year duration)
 Masters/Graduate
 Doctoral

What are the applicant's tuition and compulsory fees for the period of studies? \$_____

What are the applicant's book and equipment costs for the period of studies? \$_____

What is the applicant's percentage of a full course load? |_____| (cannot be less than 20% or more than 59%)

Is the part-time study that this applicant is taking part of a full course load? Yes No

Number of weeks of study |_____

How many hours of class time will the applicant have each week (do not include any lab times) |_____

I certify that the information that I have just completed in Section 6 of this application is correct and represents the program in which the student has been accepted or enrolled.

Date |_____| |_____| |_____|
Year Month Day

Signature: |_____

(_____) |_____|
Telephone

Print Name: |_____

Title: |_____

SECTION 7 - STUDENT'S INCOME & ASSET INFORMATION

If your status is married or common-law, your spouse's income information must also be provided at Section 8.

Applicant's Income

List all actual/expected gross income (income before deductions) for the 12 month period, ending with the last month of your current/proposed period of part-time studies. (For example, estimating your expected income if your course of study ends in August, is by quoting all income from September of the previous year to the end of August, which is the month in which your classes finish)

The information you indicate below should include all gross income (taxable and non-taxable) from employment, government benefits, child or alimony support, other educational funding, etc.

Status of your employment: Full-time Part-time Unemployed

How many hours per week are you working? |_____|

FROM		TO		Name of employer, EI, Social Asst, etc	Gross \$ Amount
Year	Month	Year	Month		
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

Financial Assets

Do you and your spouse (if applicable) have chequing or savings accounts? Yes No

If yes, indicate the total of all account balances for you and your spouse's (if applicable) as of today's date:

\$|_____|

Investment Assets

Do you and your spouse (if applicable) have any investments? Yes No

If yes, list all of your and your spouse's (if applicable) investments as of today's date:

Types of investments to include are mutual funds, T-bills, Canada/Provincial savings bonds, etc.

Investment type	RRSP		Current Market Value	Ownership	
	Yes	No		Self	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 8 - SPOUSE'S INCOME

If your status is married or common-law, your spouse's income information in this section must be completed and signed.

List all actual/expected gross income (income before deductions) for the 12 month period, ending with the last month of your spouse's current/proposed period of part-time studies. (For example, estimating your expected income if your course of study ends in August, is by quoting all income from September of the previous year to the end of August, which is the month in which your classes finish)

The information that you indicate below should include all gross income (taxable and non-taxable) from employment, government benefits, child and/or alimony support, other educational funding, etc.

Status of your current employment: Full-time Part-time Unemployed

How many hours per week are you working? |_____|

FROM		TO		Name of employer, EI, Social Asst, etc	Gross \$ Amount
Year	Month	Year	Month		
____	____	____	____	_____	\$ _____
____	____	____	____	_____	\$ _____
____	____	____	____	_____	\$ _____
____	____	____	____	_____	\$ _____

Declaration:

I declare that the information provided in this form, is correct to the best of my knowledge. I make this declaration knowing that it is an offence under the *Canada Student Loans Act* to knowingly make any false statement or misrepresentation in this application or other documents or to willfully furnish any false or misleading information.

I hereby authorize Revenue Canada to disclose any information pertaining to my tax records.

I declare that the designated authority for the Yukon Territory has my authorization to obtain, as required, any information relating to my income, and hereby expressly consent to the release of information in support of this application for my spouse. I certify that I am not currently in default of any Canada Student loans. I am not liable for loans given to the applicant. I agree that information pertaining to this application may be shared with other funding agencies.

Signature: |_____| Social Insurance No.: |_____| |_____| |_____|

Print Name: |_____| Date: |_____| |_____| |_____|
Year Month Day

SECTION 9 - REASON FOR PART-TIME STUDY

In order to assist the territorial authority in determining your eligibility for a High Need Part-time Canada Study Grant, indicate by checking the applicable reason(s). If there are other considerations that you feel are pertinent, please indicate them in the space provided.

- I am a single parent, responsible for the primary care of my dependent children, who are living with me full-time during my study period.
- I am responsible for the primary physical and financial care of elderly dependent(s) requiring supervised care and/or dependents with a permanent disability requiring supervised care.
- I am a mature student restricted to conditional studies by my school (e.g.: maximum 2 courses. Proof must be provided by the institution.)
- I am a permanently disabled student, and due to my disability I am unable to undertake at least 60% of a full-time course load. (You must attach proof of your disability, e.g. medical certificate, learning disability assessment).
- I am studying part-time to improve my grades.
- I am studying part-time due to excessive debt payments (charge accounts, loan payments, etc).
- I am studying part-time as the financial cost of studying full-time is excessive.
- I could not take full-time studies as the courses I wished to take were not available.
- I only require a few courses to complete my program of studies.
- Other (Please explain)

SECTION 10 - OTHER PROGRAMS THAT ARE LINKED WITH THE CANADA STUDENT LOAN PART-TIME PROGRAM

CANADA STUDY GRANT FOR STUDENTS WITH PERMANENT DISABILITIES

A Canada Study Grant to cover exceptional education related costs associated with certain disabilities up to a maximum of \$8,000 per year is offered by the Canada Student Loan program. Students with permanent disabilities need to enrol in a minimum 40% course load to be eligible to apply for assistance for full-time study. This grant is also available to students who are in part-time study. If you are unable to repay your loan because of your disability, the Federal Government may pay it back on your behalf. **To apply for a grant for students with permanent disabilities, please obtain and complete Schedule A. This schedule will form part of this application.**

CANADA ACCESS GRANT FOR HIGH NEED STUDENTS WITH PERMANENT DISABILITIES

A Canada Access Grant for student with permanent disabilities with high need to cover expenses related to tuition, accommodation and books as well as other education-related costs to a maximum of \$2000.00 per year. This Grant is awarded after the maximum amount of available federal loan has been allocated and will automatically be assessed when applying for a Canada Student Loan.

CANADA STUDY GRANT FOR STUDENT WITH DEPENDENTS

The Canada Study Grant for Students with Dependents is a program for students with dependents with demonstrated need to assist them in their education costs offered by the Canada Student Loan program. **If your assessed need is in excess of \$275.00 per week, a grant is automatically assessed when you apply for the full-time or part-time Canada Student Loan.** Students with one or two dependents receive \$40 per week of study. Students with three or more dependents receive \$60 per week of study. The maximum allowable under this program is \$3,120 per year.

SECTION 11 - APPLICANT'S DECLARATION AND SIGNATURE

IMPORTANT – READ CAREFULLY AND SIGN IN INK

By signing this application form,

I hereby authorize the institution's financial aid, fees, registrar's, and student accounts offices to which I am attending full-time to release information relating to this application, and the funding for which I have applied.

I also hereby authorize Human Resources Development Canada to release information to the Student Financial Assistance Unit about my Employment Insurance Claim, employment related issues and/or training related income support that I may be receiving.

I also hereby authorize other funding agencies to release information relating to this application.

I also hereby authorize Revenue Canada to disclose any information pertaining to my tax records.

I agree that information pertaining to this application may also be shared with other funding agencies relating to this application and the funding for which I have applied, and potential employers (employers would receive your name, mailing address and information pertinent to the job only).

I also hereby authorize the Student Financial Assistance Office of the Government of Yukon to obtain information about my credit history, including a complete credit report, from a consumer-reporting agency or financial institution for the purpose of determining whether I am eligible for a Canada Student Loan.

I certify that I am not currently in default of any Canada Student Loans.

I understand that it is an offence under *Canada Student Loans Act* to receive assistance from more than one province or territory.

I understand that if this loan is approved I must pay it back within the prescribed time and agree to all conditions of the loan agreement.

I make this declaration conscientiously believing that the information above is true and correct, and knowing that it is of the same force and effect as if made under oath. I understand that false or misleading information in relation to this application constitutes an offence pursuant to the provisions of the *Criminal Code of Canada*.

The information on this application schedule is being collected under the authority of the *Yukon Students Financial Assistance Act* and *Canada Student Loans Act* and respective regulations for the purpose of administering federal student loan and grant programs, including determining eligibility, sharing information with other agencies as required and establishing related databases. For further information please contact or direct inquiries to the Student Financial Services Officer at (867)667-5929 or visit our office at the Education Building, 1000 Lewes Blvd., Whitehorse, Yukon.

Date |_____| |_____| |_____|
Year Month Day

Signature: _____

Print Name: _____