



# British Columbia Loan Forgiveness Program

## Application and Instructions



Ministry of  
Advanced Education

## Instructions and Information

*The Canada Student Loans Act (CSLA) and Regulations and/or the Canada Student Financial Assistance Act (CSFAA) set the legal rights and obligations of a student and should be referred to in the case of uncertainty or dispute.*

1. Read these instructions and conditions carefully.
2. Complete Section 1 of the application.
3. Forward application to the lender holding your British Columbia Student Loan (BCSL) for completion of Section 2.
4. You must send a letter confirming employment (full-time, part-time, and/or casual) at a publicly funded facility in a designated underserved community in British Columbia along with your completed application. If you have a practitioner number you must submit a letter from your health authority confirming your privilege to serve in the community. Those professionals under contract for the province must ensure their employment letter also includes the contract number and ministry involved. Midwives must also submit a letter from the Association of Midwives confirming their registration.
5. Attach an official sealed transcript confirming graduation requirements have been fulfilled.
6. Read, sign, and date Section 4 of the application and return the completed application to:  
**Debt Management Unit  
Student Services Branch  
Ministry of Advanced Education  
PO Box 9173 Stn Prov Govt  
Victoria BC V8W 9H7**
7. Keep a copy of this application for your records.

## CONDITIONS OF LOAN FORGIVENESS

1. You must have started your final year of study on or after August 1, 2000 (for Nurses, Nurse Practitioners, Physicians, Midwives, and Pharmacists) and have graduated on or after December 1, 2004 (for Speech Language Pathologists, Occupational Therapists, Physiotherapist, and Audiologists).
2. You must not be in full time studies.
3. You must have a British Columbia Student Loan (BCSL) in good standing.
4. You must have graduated from an accredited post-secondary educational facility.
5. The Province will forgive your outstanding BCSL debt at a rate of 33 percent per year for each year you practice at a publicly funded facility in an underserved community in British Columbia.
6. For each year you are registered in the program and employed in an underserved community in British Columbia, the Province will pay the interest on your BCSL debt. If you do not complete a full year of practice, the interest that has accrued on your BCSL debt will be capitalized into principal and you will be responsible for payment.
7. At the end of each year of practice, you will be required to submit a letter from your employer, health authority or contractor, confirming that you have completed a full year of employment in a publicly funded facility in an underserved community in BC.
8. You must submit a loan forgiveness application form at the beginning of each year you are employed in a publicly funded facility in an underserved community in British Columbia.
9. Loan forgiveness will be paid on your BCSL principal amount outstanding at the date your complete application is received by the Student Services Branch. Interest on your BCSL is paid from your consolidation date or the first day of the month following the date your complete application was received at the Student Services Branch, whichever is later.



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Why did you choose to practice in an underserved community? Please check applicable boxes.

- 1. Always resided in the community in which I am practicing.
- 2. Career opportunities/advancement.
- 3. Felt you could make the greatest contribution in an underserved community.
- 4. Other (please provide reasons) \_\_\_\_\_
- 5. The incentive to have my BCSL forgiven under the LFP.

## SECTION 1 – Personal Information Please type or print

<b>01 Last Name</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>03 Social Insurance Number (SIN)</b> <input style="width: 100%; height: 20px;" type="text"/>						
<b>02 First Name</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>Initials</b> <input style="width: 40px; height: 20px;" type="text"/>						
<b>04 Date of Birth</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">YEAR</td> <td style="text-align: center; font-size: small;">MONTH</td> <td style="text-align: center; font-size: small;">DAY</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table>		YEAR	MONTH	DAY			
YEAR	MONTH	DAY					
<b>05 Mailing Address</b> <input style="width: 100%; height: 20px;" type="text"/>							
<b>06 City/Town</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>07 Prov</b> <input style="width: 40px; height: 20px;" type="text"/>						
<b>08 Postal Code</b> <input style="width: 100%; height: 20px;" type="text"/>							
<b>09 Telephone Number</b> ( <input style="width: 30px; height: 20px;" type="text"/> ) <input style="width: 100%; height: 20px;" type="text"/>	<b>10 Professional Designation (Nurse, Audiologist, etc.)</b> <input style="width: 100%; height: 20px;" type="text"/>						
<b>11 Practitioner Number (For physicians and midwives)</b> <input style="width: 100%; height: 20px;" type="text"/>							



LOANS ISSUED	Prior to August 1, 1995, (Guaranteed)	Between August 1, 1995, and July 31, 2000 (Risk Sharing)	On or after August 1, 2000 (Direct Lend)*
Type B Date			
BCSL Principal Outstanding			
Name of BCSL Lender			
Full Transit Number			
Mailing Address			
City or Town, Province and Postal Code			
Phone Number			
Name of Lending Institution Official			
Signature			
Date			

\*If you Have a BCSL issued on or after August 1, 2000 (Direct Lend) the Student Services Branch will obtain information regarding that loan on

## SECTION 3 – Ministry Use Only

Principal Payment	Study End Date (YYYY/MM/DD)	Date Stamp of Student Services Branch
Payment Date (YYYY/MM/DD)		
Entered by	Recommended Date (YYYY/MM/DD)	
Date (YYYY/MM/DD)	Approved Date (YYYY/MM/DD)	

## SECTION 4 - Declaration

Must be completed in ink

### All information is subject to Verification and Audit

I hereby apply for Loan Forgiveness on the outstanding principal of my British Columbia Student Loans (BCSL) above, which I acknowledge as outstanding. I swear that all information on this form is correct and that I meet the conditions for eligibility listed on the overleaf. If I have entered into any BCSL agreements while a minor, I hereby ratify those agreements. I understand that every person who, in respect of a BCSL, knowingly makes a false statement or misrepresentation in an application or document or willfully furnishes false or misleading information is guilty of an offence under the Canada Student Loans Act (CSLA) or the Canada Student Financial Assistance Act (CSFAA). Fraudulent misrepresentation can also result in prosecution under the Criminal Code of Canada. I further acknowledge that the Minister may at any time reverse any loan forgiveness amount, which was calculated using false or erroneous information.

I understand that by signing below, I give the Ministry of Advanced Education, or a person delegated by the Ministry permission to disclose to and obtain from any:

- consumer credit grantor, credit bureau or credit reporting agency;
- person with whom I may have had or currently have financial dealings; or
- person in connection with any dealings I have or propose with the Province of BC or its authorized agent, all particulars and information relevant to student loans.

Signature of Applicant

Print Name

Date Signed

Year

Month

Day

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**Collection and use of personal information.** The information included in this form is collected under the authority of the **British Columbia Student Assistance Program**, Order in Council #1038/84. Confidentiality of the above information is governed by the *Privacy Act* and the *Canada Student Financial Assistance Act*, *Canada Student Loans Act* and their Regulations, and the *British Columbia Freedom of Information and Privacy Act*. If you have any questions about the collection and use of this information, you may contact the:

Student Services Branch  
Ministry of Advanced Education  
PO Box 9173 Stn Prov Govt  
Victoria BC V8W 9H7

Telephone (250) 387-6100  
Within the lower mainland call (604) 660-2610  
Other areas of Canada call toll free 1-800-561-1818

### Student Services Branch Contact Information

Address for completed applications:

#### Mailing Address

Debt Management Unit  
Student Services Branch  
Ministry of Advanced Education  
PO Box 9173 Stn Prov Govt  
Victoria BC V8W 9H7

#### Courier Address:

Debt Management Unit  
Student Services Branch  
1st Floor, 835 Humboldt Street  
Victoria BC V8W 9H2

#### Phone:

387-6100 In Victoria  
660-2610 In Lower Mainland  
1-800-561-1818 Toll Free Canada

Website: [www.aved.gov.bc.ca/studentsservices](http://www.aved.gov.bc.ca/studentsservices)

### Lender Contact Information

#### Bank of Nova Scotia

Government Student Loan  
Administration Centre  
PO Box 9 STN U  
Etobicoke ON M8Z 5M4  
Telephone: 1-888-284-3044

#### Royal Bank of Canada

Western Canada Student Loan Centre  
PO Box 200  
Regina SK S4P 2Z6  
Telephone: 1-888-359-4770

#### Canadian Imperial Bank of Commerce

CIBC National Student Centre  
PO Box 5055  
Burlington ON L7R 4P3  
Telephone: 1-800-563-2422



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