

Saskatchewan



Advanced Education and Student Financial Assistance
Employment

4635 Wascana Parkway
Box 650
Regina, Canada S4P 3A3

PROVINCIAL TRAINING ALLOWANCE SUMMER BREAK FUNDING REQUEST FORM

Client Social Insurance No. _____

Client Sask. Personal Health No. _____

FOR OFFICE USE ONLY

Date Received _____

File # _____

Verification Checked _____

Signature Checked _____

Mailing School _____

Non-SAP _____

Last SAP received _____

I, _____, of _____, _____
full name of client *mailing address* *city/town/village*

_____ in the Province of Saskatchewan **DECLARE** the following:
postal code

1. That I will be returning to school to continue my training program on September _____, 2006.
day
2. That I will continue to advise of all changes to my situation (including address changes) in a timely manner during my break by contacting my training center and filling out the Change in Information Form or the Change in Client Marital Status Form or the Change in Parental Marital Status Form. Your training center will forward this information to Student Financial Assistance - PTA Unit.
3. That I will continue to supply proof of income while I am on the break. I will provide the paystubs for myself and my spouse, if applicable, to the training center along with the Verification of Income and Expense Form. I understand this request for summer break funding will not be processed until I have verified to date all previously reported income.
4. That at least 30 days before I return to classes I will fill out a new application for the Provincial Training Allowance for my new academic period.
5. That I will advise my training center **immediately** if I decide not to continue with my program in the fall. I understand that if I do not return and I receive a payment in September, that payment will be considered an overpayment. I understand that I will be required to make arrangements with Student Financial Assistance - PTA Unit to repay the overpaid amount.

That the information provided on this declaration is true and correct.

I MAKE THIS DECLARATION conscientiously, believing it to be true.

Declared before me: _____ Date _____, 200_____

X _____ X _____
Authorized School Official Signature of Client

Complete the questions on the reverse side of this form

Dates of break in training:

First day of break period: _____ Last day of break period: _____
day/month/year *day/month/year*

Monthly income during break:

_____	_____	_____	_____	_____	_____
Month	Amount	Month	Amount	Month	Amount

Spouse's monthly income during break:

_____	_____	_____	_____	_____	_____
Month	Amount	Month	Amount	Month	Amount

Daycare Expenses during break:

Important: Daycare expenses will only be allowed if you (and your spouse, if applicable) are working and you (and your spouse, if applicable) declare income. If you are involved in activities which necessitate daycare for which you are not being paid, the training center must provide Student Financial Assistance - PTA Unit with information about the activity and how it is linked to your Career/Education Plan to be considered for the daycare allowance.

Daycare expenses may be allowed if you are required to hold your daycare spot over the break period. You must provide documentation from the daycare provider verifying this.

If you and your spouse are working full-time and require daycare, please complete this section:

Will you be paying for daycare during your study period? Yes No

If yes, will your daycare expenses be subsidized? Yes No

If you have children in both subsidized and unsubsidized daycare, you must advise the PTA Unit through a letter of appeal.

SEE YOUR TRAINING CENTER IF YOU HAVE ANY QUESTIONS.