

Application Form - Full Time Assistance

Canada - Newfoundland and Labrador Integrated Student Loans Program

(version française disponible sur demande)

Application must be completed and signed in INK.

Ensure all required signatures and supporting documents are attached.

This Area for Official Use Only

Date Received	Institution Code

2006-2007 Academic Year

A. PERSONAL DATA

Social Insurance Number	Student Number <small>(All students, if applicable)</small>	E-mail Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Surname	First Name and Initial(s)	Maiden Name (If Applicable)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing Address in Canada to which you want ALL correspondence sent during your Study Period			
<input type="text"/>			
City/Town	Province	Postal Code	Area Code and Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (yy/mm/dd)	Gender	Marital Status	
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married/Common-Law <input type="checkbox"/> Single Parent	

If your mailing address changes, be sure to notify the Student Financial Services Division immediately.

Next of Kin (Other than Spouse or Children)

Mailing Address			
<input type="text"/>			
City/Town	Province	Postal Code	Area Code and Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Spouse (If Applicable - Married/Common-Law)

Surname	Social Insurance Number	Date of Birth (yy/mm/dd)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Gender	Province	Postal Code	Is Spouse a Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>	Is Spouse applying for Financial Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No

Permanent Address in Canada

Mailing Address		
<input type="text"/>		
City/Town	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Area Code and Telephone Number		
<input type="text"/>		

B. PROGRAM INFORMATION

Name of Post-Secondary Institution you will attend

Location of Campus

Program of study for which you are presently enrolling

In which year of the program are you registering?

Is this program different from the program for which you last received assistance? Yes No
If Yes attach rationale for switch or new program.

Number of courses **and** percentage of full course load you are registering for in each semester:

Fall % Winter % Spring %

If you register for 60% of a full course load, are you aware that you may receive only the Canada portion of the Student Loan? Yes No

Are you applying as a student with a permanent disability? Yes No
If Yes, please have the Verification of Permanent Disability Form completed (contained in this booklet)

Start Date of Program:

Indicate the semester(s) for which you are requesting assistance (maximum 2 semesters). Indicate if semesters are workterms.

<input type="checkbox"/> Fall	<input type="checkbox"/> Paid Workterm	<input type="checkbox"/> Unpaid Workterm
<input type="checkbox"/> Winter	<input type="checkbox"/> Paid Workterm	<input type="checkbox"/> Unpaid Workterm
<input type="checkbox"/> Spring	<input type="checkbox"/> Paid Workterm	<input type="checkbox"/> Unpaid Workterm

If you are studying outside the country please advise the Student Financial Services Division via e-mail or fax of the address where you want your Certificate of Eligibility sent.

If you are attending a school other than Memorial University or Marine Institute, your school must submit a Program Cost Form on your behalf.

To be eligible for provincial assistance, you are required to enroll in 80% of a full course load. All courses must be part of the program from which you will graduate and **cannot be courses for which you have already received credit.**

If you are enrolling in less than 80% of a full course load, please complete the **Reduced Course Load Request Form** and submit with this application, unless you only want to receive the federal portion of the student loan.

If you are applying for assistance for a paid workterm, details from your employer pertaining to the start and end dates and your gross weekly income during the workterm must be submitted. **Funding can not be released until this required information has been submitted.**

C. STUDENT CATEGORY

Since leaving High School, I have been employed or seeking employment on a full-time basis for two periods of 12 consecutive months each, while not attending a Post-Secondary Institution.

I have been out of High School for four years (48 calendar months).

I am separated, divorced or widowed.

I am married.

I am a single parent (see note 1).

I am living in a common-law relationship (see note 2). Date of Cohabitation:

My parents are deceased.

I have no legal guardian or sponsor. (Please provide explanation)

I am a participant in the Extended Youth Care Agreement with the Department of Health and Community Services (see note 3).

If you have NOT checked any of the above boxes, then you are a "Dependent Student" and your parent(s), guardian(s), or official sponsor(s) are required to complete Sections D, J and L of this application since their incomes will be considered as a resource in determining need.

Note 1: Single parent students are required to submit confirmation of receiving Canada Child Tax Benefits. Confirmation can be obtained by calling **1-800-387-1193**.

Note 2: Those applying as Common-Law must attach a letter from a reliable independent third party confirming the 12 months of cohabitation (see Forms/Documents for further information).

Note 3: Individuals who have entered into an Extended Youth Care Agreement with the Department of Health and Community Services must have **section J** of the application signed by their Social Worker as guardian and attach a letter confirming the financial arrangement with the Department of Health and Community Services.

D. PARENTAL INFORMATION (To be completed by parents of dependent students)

Parent #1

Indicate Gross Income (Line 150 of 2005 Income Tax Return):

Indicate Net Income (Line 236 of 2005 Income Tax Return):
 If income is significantly less for 2006, submit parental appeal form and provide proof of reduced income.

Surname Social Insurance Number

Date of Birth (yy/mm/dd) Gender Male Female Province Postal Code

Your relationship to the applicant:
 Parent Step-Parent Official Sponsor Other, Please Specify:

Your Martial status:
 Married Divorced Separated Widowed Other:

In the case of divorced/separated parents, are you maintaining two separate residences? Yes No

Parent #2

Indicate Gross Income (Line 150 of 2005 Income Tax Return):

Indicate Net Income (Line 236 of 2005 Income Tax Return):
 If income is significantly less for 2006, submit parental appeal form and provide proof of reduced income.

Surname Social Insurance Number

Date of Birth (yy/mm/dd) Gender Male Female Province Postal Code

Your relationship to the applicant:
 Parent Step-Parent Official Sponsor Other, Please Specify:

Your Martial status:
 Married Divorced Separated Widowed Other:

Dependent Information

Dependents Name	Age	Relationship to You	Attending Post-Secondary?		S.I.N.
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	

Information from both biological parents is required. If this section is not completed by a 2nd parent, your application will only be processed if there are legitimate exceptional circumstances where there is no contact with the other parent. A satisfactory written explanation by the custodial parent must be submitted to the Student Financial Services Division.

List all dependent persons (including applicant) that you will be supporting from August 1, 2006 - July 31, 2007. In listing the dependent persons you will be supporting, do not include your spouse, those who are full-time members of the workforce, or those who are applying for student financial assistance as "Independent Students".

E. RESIDENCY STATUS

Please answer ALL questions. If not applicable, answer no.

- I am a Canadian Citizen Yes No
- I am a Permanent resident of Canada. I have immigrated to Canada (Attach a copy of your Permanent Resident Card - PRC) Yes No
- I am a Protected Person (attach document) Yes No
- My parents live in Newfoundland and Labrador Yes No
- I have lived in Newfoundland and Labrador for the last 12 months while not attending a post-secondary educational institution Yes No
- My spouse has lived in Newfoundland and Labrador for the last 12 months while not attending a post-secondary educational institution Yes No

If you are in Canada on a Student Visa you are not eligible to apply for Canada - Newfoundland and Labrador Integrated Student Loans.

If your status is that of a **Protected Person**, please ensure your documentation is valid for the entire study period.

F. EMPLOYMENT/EDUCATION HISTORY

Date left High School (yy/mm/dd) Highest Grade/Level Completed Province in which you completed High School Date last attended post-secondary full-time (yy/mm/dd)

Is this the first time attending a Post-Secondary Educational Institution? Yes No

Indicate your employment and educational history since leaving high school. Information for the last five (5) years is required.

From (yy/mm/dd)	To (yy/mm/dd)	Work/School	Unemployed/Employer/Educational Institution	Province	Full/Part-Time	
		Work	School		Full	Part
		Work	School		Full	Part
		Work	School		Full	Part
		Work	School		Full	Part
		Work	School		Full	Part

Persons residing in Newfoundland and Labrador who are not in full-time study, are considered to be in the workforce, including time in receipt of Employment Insurance Benefits.

Note: Complete this section for all work, school and periods of unemployment for the last five years.

G. FINANCIAL DATA - Pre-Study Period

Living Arrangements:

During the pre-study period, did you live with parents/spouse/children? Yes No
If no, please indicate where you lived.

City/Town Province

Please state the expected gross income from all sources for the pre-study period for you and your spouse (Income includes employment earnings, tuition vouchers - i.e., SWASP plus stipend, EI payments, pension income, interest etc.)

Applicant (Gross Income) Spouse (Gross Income)

The **"Pre-Study Period"** is the period of time (minimum of 4 weeks and maximum of 17 weeks) immediately before the first day of classes for the current academic year.

If you are or will be in receipt of a tuition voucher(s), please indicate the amount of the voucher and the stipend.

G. FINANCIAL DATA - Study Period

Living Arrangements:

During the study period, will you live at home with parents/spouse/children?
If no, please indicate where you will live.

Yes No

City/Town

Province

For **married students**, indicate where the family home is maintained:

City/Town

Province

Income During the Study Period:

Applicant

Spouse (If Applicable)

Income from Employment

Gross Weekly

Gross Weekly

Income from Employment Insurance (attach form)

Gross Weekly

Gross Weekly

Skills Development Living Allowance (attach form)

Gross Weekly

Gross Weekly

Skills Development Training Allowance
(combined total)

Per Semester

Per Semester

Alimony/Maintenance Payments
(you and your child)

Gross Weekly

Gross Weekly

Canada Pension/DVA Allowance

Gross Monthly

Gross Monthly

Monthly Income Support (HRLE)

Gross Monthly

Gross Monthly

Merit Based Scholarship (attach confirmation)
Indicate time frame.

Other Scholarships

Bursaries/Fellowships (total value). Indicate time frame.

Educational Scholarship Trust Fund (includes RESP)
Amount withdrawn during 2006/2007 academic year

Investment/Assets/Savings (total value)
Please specify: _____

RRSP (total value)

Other Income (Workers' Compensation, Organizational
Sponsorship, financial assistance from another province
or country, etc.) Please Specify: _____

The "**Study Period**" is the period of time you will be enrolled as a full-time student and for which you are now applying for assistance.

If the educational institution you are attending is within 25 kilometers of the family home, and you are a dependent or married/common-law student, you will be assessed as living at home.

Attach confirmation of your **workterm income**, if applicable. Confirmation of workterm income must be provided by your employer or educational institution (where acceptable).

If you are receiving Skills Development funding for tuition, books, living allowance, etc., please submit the Skills Development Information Form.

If you are receiving EI Benefits during the study period, please submit the Employment Insurance Information Form.

If you are receiving Merit Based Scholarships which are based solely on academic achievement, please attach confirmation from the sources.

If you are receiving funding from an organization other than HRSD, you must submit a letter from the source detailing the financial arrangements on a semesterized basis.

H. MARRIED/Common-Law/Single Parent Students

Dependent(s)
Name

Date of Birth
(yy/mm/dd)

S.I.N.
(If attending Post-Secondary)

Attending
Post-Secondary?

Dependent(s) Name	Date of Birth (yy/mm/dd)	S.I.N. (If attending Post-Secondary)	Attending Post-Secondary?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

List all persons dependent upon you during your study period excluding your spouse. For applicants who have not previously submitted a copy of the birth certificate or baptismal certificate indicating both parents names for each dependent listed, you are required to do so. Where only one parent's name appears on the certificate, confirmation of Canada Child Tax Benefits is required.

Weekly
Daycare
Costs:

Pre-Study Period

Paid by HRLE/HCS

Yes No

Study Period

Paid by HRLE/HCS

Yes No

Written confirmation of partial or no daycare support is required.

I. APPLICANT'S DECLARATION AND SIGNATURE

Prior to this application, did you receive a: Canada Student Loan? Yes No

Newfoundland and Labrador Student Loan? Yes No

I declare that:

- the information given on this application is true and complete, and I understand it is subject to audit.
- I will use any assistance provided to pay for the education and living costs associated with my program of studies.
- I will not apply for nor accept financial assistance from any other province or territory for the same period for which I am applying for assistance in this application.

I agree to:

- immediately notify Student Financial Services Division, Department of Education in writing of any change in my address, marital, financial or academic status or study period, or any change in the address or financial status of my parents, guardians, sponsors, or spouse/partner.
- provide additional information or documents as requested by Student Financial Services Division, Department of Education to verify information provided in this application.
- the recovery of any overaward if it is determined that my assessment is inaccurate, even if the inaccuracy is the result of an inadvertent error on my part, or on the part of my parents, official sponsor, spouse, educational or financial institution, or on the part of Student Financial Services Division, Department of Education.

I understand that:

- if I make a false or misleading statement in this application, or fail to disclose information as requested by Student Financial Services Division, Department of Education, I may be denied financial assistance, and/or subject to criminal prosecution.
- failure to disclose information or provide updated information as requested by Student Financial Services Division, may constitute the making of a false or misleading statement.

I consent to:

- the disclosure and exchange of my personal information by and between the Government of Newfoundland and Labrador (Student Financial Services Division, Department of Education) and the Government of Canada (Department of Human Resources and Skills Development styled Department of Human Resources and Social Development), the Canada Millennium Scholarship Foundation, any other federal, provincial, municipal government department or agency including the Student Loan Corporation of Newfoundland and Labrador and my educational and financial institutions to verify any information I have provided to the Student Financial Services Division, Department of Education to determine my eligibility for financial assistance under the provincial and federal student financial assistance programs and administer the said programs.
- the disclosure and exchange of my personal information by and between the Government of Newfoundland and Labrador (Student Financial Services Division, Department of Education) the Government of Canada (Department of Human Resources and Skills Development styled Department of Human Resources and Social Development) and the Canada Millennium Scholarship Foundation for use in research, statistical analysis, and evaluation related to student financial assistance programs.
- the verification of my personal information provided in support of my application for federal and provincial student financial assistance with information contained in Human Resources and Skills Development (HRSD) Social Insurance Register. This information will be disclosed to HRSD for the purpose of confirming the accuracy of my identification in the context of my application for provincial and federal student financial assistance.
- the disclosure and exchange of my personal information by and between Student Financial Services Division, Department of Education and the Department of Human Resources, Labour and Employment (Government of Newfoundland and Labrador) to verify the amount of monthly income support I or my family unit receives for the purpose of determining my eligibility for provincial and federal student financial assistance.

Legal Signature of Applicant

S.I.N.

Date

Print Full Name

Must Sign in Ink!
Applications NOT
signed will be returned

J. PARENTS' DECLARATION AND SIGNATURE

I have given complete and true information. I will notify the Student Financial Services Division, in writing, if my financial situation changes. I am not liable for loans given to the applicant.

Legal Signature of Parent

Date

Print Full Name

If you are a dependent student, your parents must sign this section. Without the appropriate signatures, your application will be returned to you.

Note: The original signatures of both parents in ink are required, if applicable.

Legal Signature of Parent

Date

Print Full Name

K. SPOUSE'S DECLARATION AND SIGNATURE

I have given complete and true information. I will notify the Student Financial Services Division, in writing, if my financial situation changes. I am not liable for loans given to the applicant.

I consent to the disclosure and exchange of my personal information by and between Student Financial Services Division, Department of Education and the Department of Human Resources, Labour and Employment (Government of Newfoundland and Labrador) to verify the amount of monthly income support I or my family unit receives for the purpose of determining my spouses eligibility for provincial and federal student financial assistance.

Legal Signature of Spouse

Date

Print Full Name

If you are a married or common-law student, your spouse must sign this section. Without the appropriate signature, your application will be returned to you.

L. CANADA REVENUE AGENCY AUTHORIZATION

This tax release declaration authorizes Canada Revenue Agency to release to the Student Financial Services Division, Department of Education, information from income tax returns and other taxpayer information. The information will be relevant to, and used solely in the determination and verification of eligibility, and the general administration and enforcement of the Student Loans Program under the Student Financial Assistance Act.

This Authorization is valid for the taxation year prior to the year of signature of this consent, the year of signature, and each subsequent taxation year for which assistance is requested.

Legal Signature of Applicant

Date

Print Full Name

Legal Signature of Parent or Spouse

Date

Print Full Name

Legal Signature of Parent or Spouse

Date

Print Full Name

Dependent Students: You and your parents must sign this section.

Independent and Single Parent Students: You must sign this section.

Married students/common-law: You and your spouse must sign this section.

Must Sign in Ink!
Applications NOT
signed will be returned