

Skills Development Information Form

Canada - Newfoundland and Labrador Integrated Student Loans Program

(version française disponible sur demande)

Form must be completed and signed in INK.

Section 1. Personal Information

Name

Last 3 digits of S.I.N.

Address

Telephone

Section 2. Educational Institution

Name of Educational Institution

Program of Study

Program Length

I authorize Service Canada to provide to Canada-Newfoundland and Labrador Integrated Student Loans Program, details of my Skills Development funding including financial assistance for tuition, books, fees, living allowance, dependent care allowance, travel allowance, medical costs, disability related costs and other costs funded under the Skills Development Program.

Signature of Student

Date

Section 3. Other Areas Funded

If 100% of tuition, books and other fees are not covered through Skills Development funding, please provide explanation:

Living Allowance

Dependent Care Allowance

Travel Allowance

Medical Costs

Disability Related

Other Costs

Name of Employment Service Officer (Please Print)

Signature of Employment Service Officer

Date

Employment Insurance Information Form

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Section 1. Personal Information

Name

Last 3 digits of S.I.N.

Address

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Section 2. Educational Institution

Name of Educational Institution

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Program Length

I authorize Service Canada to provide to Canada-Newfoundland and Labrador Integrated Student Loans Program, details of my Employment Insurance entitlement, particularly the following information noted below.

Signature of Student

Date

Section 3. Information Required

Employment Insurance Start Date

Number of Weeks of Entitlement

Employment Insurance Weekly Benefit Rate

Name of Service Delivery Representative (Please Print)

Signature of Service Delivery Representative

Date

Please fax this form to the Student Financial Services Division, Department of Education at:
709-729-2298 or mail to: P.O. Box 8700, St. John's, NL A1B 4J6