## HELPFUL NOTES TO STUDENTS FOR FILLING OUT THE APPLICATION

- If your application is received without all necessary supporting documentation applicable to your situation, it will not be processed and will be returned to you by surface mail. Be sure to read the following notes.
- Do NOT send in original supporting documentation. Due to the volume of documentation received annually, Student Financial Services (SFS) is unable to return original supporting documentation to you; therefore send copies.

## NOTE # 1- PERMANENT DISABILITY

If you have a permanent disability you must attach a completed *Permanent Disability Medical Certificate* form to your application. This form is available in the centre of this "*Information Guide and Application*" or on the Internet at <a href="www.studentaid.gnb.ca">www.studentaid.gnb.ca</a> and may also be available at your educational institution.

#### NOTE # 2 - ABORIGINAL PERSONS OF CANADA

An Aboriginal Person is a North American Indian or a member of a First Nation, a Métis or Inuit. North American Indians or members of a First Nation include status, treaty or registered Indians, as well as non-status and non-registered Indians.

- A letter from the source, indicating that financial resources for aboriginal persons will be received during your study period, is required to be submitted with your application.
- ♦ The letter must indicate any amounts you expect to receive for monthly maintenance, travel, daycare allowances, tuition, student fees, books and supplies.

## NOTE # 3 - PERMANENT RESIDENT

You are able to apply for assistance immediately upon receiving your permanent resident status. However, in order to be considered for the provincial portion of assistance, you must be considered a resident of New Brunswick (see "SECTION 3 – RESIDENCY" of the application). If you are not considered a resident of New Brunswick, and are not considered a resident of another Province/Territory in Canada, complete the application; you will be considered for the federal portion of assistance.

- Attach a clear copy of both sides of your Permanent Resident (PR) card to your application. If you do not have a PR card, attach a clear copy of your Canadian Immigration Record. Should you require information regarding your PR card, you may call 1 800 255-4541. For information on citizenship and immigration, you may call 1 888 242-2100.
- Permanent Resident students, who have been sponsored into Canada, are required to provide a letter from their sponsor giving the details of the sponsorship.

Students who are in Canada on a Student Visa are **not** eligible to receive Canada/New Brunswick Student Loans and should investigate other funding sources.

## NOTE #4 - PROTECTED PERSONS OF CANADA

You are able to apply for assistance immediately upon receiving your Protected Persons Status Document (PPSD) and your Social Insurance Number (SIN) card showing a 900 series SIN. However, in order to be considered for the provincial portion of assistance, you must be considered a resident of New Brunswick (see "SECTION 3 – RESIDENCY" of the application). If you are not considered a resident of New Brunswick, and are not considered a resident of another Province/Territory in Canada, complete the application; you will be considered for the federal portion of assistance.

- ♦ If you are a Protected Person of Canada (including Convention Refugees), provide a clear copy of both sides of your Protected Persons Status Document (PPSD), which must be valid for the entire period of study for which you are applying for financial assistance. (To obtain an application for a PPSD, you can apply online at <a href="www.cic.gc.ca">www.cic.gc.ca</a>, or to inquire about your recently submitted application to Citizenship and Immigration Canada (CIC), you may call 1 888 242-2100.); and
- ♦ A clear copy of your Social Insurance Number (SIN) card, showing a 900 series SIN, must be submitted with your application. If you do not have a SIN card, you must get one before you can apply for student financial assistance. Like your PPSD, your SIN card must be valid for the entire period of study for which you are applying for financial assistance. If you do not have a SIN card, or have one that will expire during your period of study, you can visit your local Service Canada Centre or call 1 800 622-6232 or visit the Human Resources and Social Development Canada Website at www.hrsdc.qc.ca.

#### NOTE #5 - REQUEST FOR PROGRAM INFORMATION FORM

You will find a copy of this form in the centre of this "Information Guide and Application" or on the Internet at <a href="https://www.studentaid.gnb.ca">www.studentaid.gnb.ca</a>. A Request for Program Information form is required to be completed by the post-secondary educational institution you plan to attend if any of the following situations apply to your study period.

- You are applying to attend INTERSESSION and/or SUMMER SESSION at a university. Your application cannot be processed without this completed form.
- ◆ You are applying to attend any private post-secondary educational institution located outside of New Brunswick (any post-secondary educational institution which is not publicly funded not university or community college). Your application cannot be processed without this completed form.
- You are applying to attend a private post-secondary educational institution located in the Province of New Brunswick. Check with the registrar or financial aid office at the educational institution you plan to attend; they will be able to inform you if a Request for Program Information form is required to be submitted with your application.
- ♦ You are applying to attend a public post-secondary educational institution outside the Atlantic Provinces. If the completed form is not provided along with your application, the latest program cost information for your program on file with SFS will be used to avoid delays in processing your application. Once your assessment has been completed, you will receive a *Notice of Assessment*. Review it carefully. If you feel accurate costs have not been used for your program, have your post-secondary educational institution submit a completed *Request for Program Information* form to SFS. It is your responsibility to ensure this form has been sent by your educational institution.

If a *Request for Program Information* form is required, the completed form should be attached to your application to avoid delays in processing. However, should you prefer that your educational institution forward the completed form directly to SFS, be sure to indicate in "SECTION 4 – PROGRAM OF STUDY FOR THE 2007-2008 ACADEMIC YEAR" of the application that you have contacted your educational institution and made arrangements for them to forward the required form directly to SFS. *Your application cannot be processed until this completed form is received by SFS*.

#### NOTE # 6 - SUCCESSFUL COMPLETION

- Officials at your post-secondary educational institution determine the percentage of course load in which they consider you to be enrolled.
- A full-time course load at university is based on credit hours. Normally 5 courses equal 100% course load; 4 courses equal 80% course load; 3 courses equal 60% course load.
- You may need to contact the registrar at the post-secondary educational institution you attended to determine what percentage of a full-time course load you successfully completed during your study period.

## NOTE # 7 - DEPENDANTS

Dependants are:

- Any children who are 18 years or younger and are wholly dependent on the parent(s) for support and for whom the parent or the parent's
  partner, in law or in fact, have the custody and control; or
- Any children who are in a full-time program at a secondary school or a post-secondary educational institution and who fit in the Dependent Student Category (see Dependent Student Category in "SECTION 2 – STUDENT CATEGORY" of the application); or
- ♦ Anyone claimed on the 2006 Income Tax Return as wholly dependent other than your partner.

#### NOTE #8 - CARE AND CUSTODY OF THE MINISTER OF FAMILY AND COMMUNITY SERVICES

If you are under the care and custody of the Minister of Family and Community Services you must attach, to your completed application, a letter of verification from that department indicating any financial assistance you will receive from them during your study period.

#### NOTE # 9 - PARENTAL INCOME INFORMATION

As a dependent student, you are encouraged to include your parent's income information in your application. This will allow your application to be considered for all available federal and provincial programs. However, should you choose not to include this income information, you will be assessed for New Brunswick Student Loans only. Also, if your parent's income information is not included in your application, they are not required to sign the DECLARATION AND CONSENT page of this application (page 10).

#### NOTE # 10 - MARRIED/COMMON-LAW PARTNER'S INCOME INFORMATION

As a married or common-law student, you are encouraged to include your partner's income information in your application. This will allow your application to be considered for all available federal and provincial programs. However, should you choose not to include this income information, you will be assessed for New Brunswick Student Loans only. Also, if your partner's income information is not included in your application, he/she is not required to sign the DECLARATION AND CONSENT page of this application (page 10).

# NEW BRUNSWICK STUDENT FINANCIAL ASSISTANCE APPLICATION FOR FULL-TIME STUDY 2007-2008



For classes beginning between August 1, 2007 and July 31, 2008

- ♦ Information is being collected for the purpose of determining eligibility for student financial assistance including eligibility for Canada Millennium funding.
- ♦ Your completed application with all required information must be received a minimum of <u>four weeks</u> before the start date of your program in order to receive notice of your funding for the start of classes.
- ♦ If this application is received without all applicable sections complete, including all supporting documentation, it will be returned to you by surface mail. Read the Helpful Notes to Students found on the previous pages.
- The issuance of student financial assistance does not sanction the quality of a post-secondary program or the educational institution. Students are encouraged to make informed choices, as student loans are repayable.
- ♦ This application must be completed by the STUDENT in INK. Print clearly.

SECTION 1 – PERSONAL INFORMATION		
Social Insurance Number	_	Date of Birth
Legal Last Name	Legal	YYYY   MM   DD     First Name   Middle Initial
Gender Male Female		Language Preference English French
Marital Status (as of first day of classes)		
	ced	Widowed Single Parent Common-law
For the purpose of completing this application, the term	n "paren	t" refers to parent(s), step-parent(s) or guardian(s); the term educational institution" refers to the post-secondary educational
Your Mailing Address Keep SFS informed of any changes in this address.		Address of Parent or Next of Kin Do not list your partner or children.
Civic (Street) Address or PO Box Apt.	No.	Last Name of Next of Kin First Name(s)
City/Town		Mailing Address (if different from your mailing address)
Province/Territory Country Postal Code	<del></del>	Civic (Street) Address or PO Box Apt. No.
( ) Telephone No. Mother's Maiden Name		City/Town
E-mail Address		Province/Territory Country Postal Code
		Telephone No. Relationship to you
Do you have a permanent disability? (See NOTE # 1)	Yes	No
Are you a Canadian citizen?	Yes	No
If No, are you a Permanent Resident? (See NOTE # 3)	Yes	No
Are you a Protected Person of Canada? (See NOTE # 4)	Yes	
Indicate if you have previously cashed a		Latest year If Yes, from which Province or Territory cashed
Canada Student Loan Certificate     Yes	No	
Integrated Loan Certificate     Yes	No	
New Brunswick Loan Certificate     Yes	No	New Brunswick
,	be report	
CPP/QPP Interest/Investment		Total Income Amount
114 \$ 121 \$	15	0 \$ 303 \$
EI/Other Benefits RRSP 119 \$ 129	22	Support Payments 0 \$

SECTION 2 – STUDENT CATEGORY							
a check mark (√) besi	ide th	application, you must first know your student cate te first statement appearing in the list that best des ich you are applying. (You should have only one sta	cribes what your s	ituation			
Your student categor	y is:						
Married or Comm	on-la	w If you and your partner					
		Are married;					
		Are receiving social assistance as a fa Community Services, and are currently			t of Fan	nily and	
		Claimed your marital status as commo	on-law on your 2006	Income T	ax Retu	urn;	
		Are the natural parents of children livir financially responsible.	ng in the same hous	ehold for	whom y	ou are	
Single Parent		If you are					
omg.or arom		Separated / divorced and have legal a dependent children who live with you.		dy and re	sponsik	oility for	
		Widowed and have legal and/or physic who live with you. (See <b>NOTE # 7</b> )	•	onsibility	for dep	endent ch	ildren
		A single parent.					
Independent Stud	dont	lf you					
• independent Stut	Jeni	If you  Have been out of high school for 4 yea	are:				
		Have completed 2 periods of 12 conserseeking employment) while not studyin	cutive months in the				
		Have no legal guardian or sponsor, an	-	-			u.u.o,
	Are separated / divorced / widowed and do not have legal custody of any children;				hildren:		
	Are under the care and custody of the Minister of Family and Community Services. (Se NOTE # 8)				3ee		
Dependent Stude	ent	None of the above statements apply to	o you.				
SECTION 3 – RES	IDF	NCY					
You must apply for s Resident – see NOTE	tude # 3;	nt financial assistance to the province/territory in value Protected Persons of Canada – see NOTE # 4.) Finapplicable to that student category.					
Your student categor		rpmount to man connecting ontogery.					
• Dependent	(i)	Indicate the last place your parent lived for 12 con- period for the 2007-2008 academic year. If your par Forces – indicate where your parent last resided or m	rent lives/lived outsi	de Canad	ła – ie:	with the	Armed
		before leaving Canada.					
			If not NB, indicat				ĺ
		Province / Territory (or Country, if not in Canada)	fromYYYY	MM	to _	YYYY	MM
	(ii)		id you remain in Ne	w Brunsw		egin or cor	
		Yes No					
		If you indicated New Brunswick in section (i) or answered no to Section (ii), you are not consider the province/territory you have indicated. For consumer www.canlearn.ca.	ation. If you did not in ered a resident of N	ndicate Ne ew Bruns	ew Brur wick. Yo	nswick in s ou must ap	section pply to
Single Parent or Independent		Indicate the last province or territory in Canada you live your study period for the 2007-2008 academic year educational institution).					
			If not NB, indicat	e dates			
			fromYYYY	<u> </u>	to _		
		Province / Territory				YYYY	MM
		If you indicated New Brunswick you are considered this application. If you did not indicate New Brunswic indicated. For other provincial/territorial contact inform	ck, you must apply	to the pro			

#### **SECTION 3 – RESIDENCY continued**

**Applicant** 

(ii) Partner

Province / Territory (or Country, if not in Canada)

Province / Territory (or Country, if not in Canada)

- Married or Common-law
- **A.** If either of the following statements applies to your situation, you are **not** considered a resident of New Brunswick and must apply to the province/territory where your partner is considered to be a resident. For provincial/territorial contact information, visit <a href="www.canlearn.ca">www.canlearn.ca</a>.
  - You are studying outside New Brunswick, your partner is living in the same province/territory where
    you are studying, and your partner is and has been employed in that province/territory for at least 12
    consecutive months before the start of your study period, or
  - Your partner is also studying full time at a post-secondary educational institution and is considered a
    resident of another province/territory and you are attending a post-secondary educational institution
    in the province/territory in which your partner is considered a resident.
- B. If neither of these two statements above applies to your situation, complete the following:

As of the first day of your study period for the 2007-2008 academic year, the last place you and your partner lived for 12 consecutive months, while not studying full time at a post-secondary educational institution, was:

(iii) You are studying in New Brunswick and New Brunswick was not the province in which you last lived for

from

If not NB, indicate dates

If not NB, indicate dates

MM

Page 3 of 10

your partner is living in New Brunsw	dying full time at a post-secondary educational i vick, is and has been employed in New Brunsv ay of the study period for which you are applying	wick for at least 12
Yes No		
If you indicated New Brunswick in section (i) or (ii), or ar New Brunswick – continue completing this application. If province/territory you have indicated. For other provincial	f you did not indicate New Brunswick, you n	nust apply to the
SECTION 4 – PROGRAM OF STUDY FOR THE 2007-2	2008 ACADEMIC YEAR	
You may need to complete a Request for Program Information form.	(See NOTE # 5) Check which applies to your s	situation.
Your Request for Program Information form is/will be:		
Not required Attached to this application	Forwarded directly by your ed	lucational institution
Educational Institution you plan to attend during the 2007-2008 acad	lemic year	
Name of Educational Institution	Campus (	) bhone No.
Mailing Address of Educational Institution indicated above		
Street/PO Box No. City or Town	Province/Territory	Postal Code
Exact name of your Program of Study	Faculty & Major or Program Option	
	(i.e. Arts – History; Business Technology	- Marketing)
Are you in a Co-op program? Yes No	You are entering year of a	_ year program.
You are enrolled in the following level of study: Certificate	Diploma Bachelor Maste	r Ph.D
Indicate start and end dates for your 2007-2008 academic year	Start date End date (YYYY/MM) (YYYY/MM)	
Study Term (in classes)		
Co-op Work Term		<u> </u>
Practicum		<u> </u>
Are you taking any part of this period of study through distance educ	cation – ie: correspondence or via the Internet?	
Yes No If yes, from	tomm	_

SECTION 5 – EDUCATIONAL HISTORY				
Graduated from High School or	Left High School			
YYYY MM	YYYY MM			
If you did not graduate from high school, have you re	eceived Grade 12 equivalency?	Yes No		
If Yes, indicate date YYYY MM				
Have you ever enrolled at a Post-Secondary Education as a full-time or part-time student?	ional Institution, taking post-secor	ndary level courses, either	Yes	No
If Yes, and you are a first-time applicant, provide the Educational Institution as a <b>full-time student</b> . If you any post-secondary education since your last applicate	have completed this form on a pro			
Complete this section, starting with the latest yea of this "Information Guide and Application" or on tapplication cannot be processed.				
	aculty			
Year Level of Study * &		Did you graduate?	Yes	No
Did you receive a Canada Student Loan during this I			Yes	
Did you successfully complete at least 60% of a full-tim	ne course load during this Period of	Study? (See <b>NOTE # 6</b> )	Yes	No
Name of Institution	-			
		Start Date	End Date	1
Name of Program		YYYY MM	YYYY	MM
	aculty			
Year Level of Study * &	-	Did you graduate?	Yes	No
Did you receive a Canada Student Loan during this I	Period of Study?		Yes	No
Did you successfully complete at least 60% of a full-tim	ne course load during this Period of	Study? (See NOTE # 6)	Yes	No
Name of Institution				
		Start Date	End Date	ſ
Name of Program	·	YYYY MM	YYYY	MM
F				
Year Level of Study * &	Major	Did you graduate?	Yes	No
Did you receive a Canada Student Loan during this I	Period of Study?		Yes	No
Did you successfully complete at least 60% of a full-time	ne course load during this Period of	Study? (See NOTE # 6)	Yes	No
Name of Institution				
Name of Program		Start Date	End Date	
Name of Program		YYYY MM	YYYY	MM
* Indicate the number of your level of study for this period of	of study: 1 = Certificate 2	= Diploma 3 = Bachelor	4 = Master	5 = PhD
OTHER POST-SECONDARY STUDIES: If you were course load for any period of study indicated above of				a full-time
Have you successfully completed 60% of a full year	r of post-secondary education with	thin the last 10 years at a	Yes	No
Canadian post-secondary institution? (This requirem be a total of several courses taken during the last 10		a single session, but could		

# **SECTION 6 - PRE-STUDY RESOURCES**

Your pre-study period is the number of weeks between study periods, up to a maximum of 18 weeks. Indicate all expected income during your pre-study period. Include any Canada Pension Plan (CPP) or Quebec Pension Plan (QPP) benefits.

If you were in school until	Your pre-s	study period is	Total income before deductions		
April 2007 and classes start in September 2007	May 1, 2007 to Sep	ptember 1, 2007	\$		
June 2007 and classes start in September 2007	June 25, 2007 to S	September 1, 200	7 \$		
None of the above – Explain:	18 weeks before th	ne start of your cla	asses \$		
Indicate the source(s) of your income before your s	study period:				
Employment Earnings Employment Ir	nsurance Benefits	Social /	Assistance CPP/QPP Benefits		
Other List source:					
SECTION 7 – STUDY PERIOD RESOUR	CES				
Do you/will you have any financial resources during		Yes	No		
If Yes, provide detailed information as indicated be	low.				
Indicate all income <b>before deductions</b> that you ex	pect to receive <b>during</b>	g your study per	iod from the following sources:		
Study Period Employment Earnings - Including					
employment during your Co-Op Work Term of applicable	r paid practicum, if	\$	(Monthly)		
How many months will you work during this stud	ly period?		(Total number of months)		
Assistantship/Honorarium/Fellowship or Research	ch Grant	\$	(Total for this study period)		
Social Assistance		\$	(Monthly)		
Support payments that you will receive		\$	(Monthly)		
Employment Insurance Benefits	Employment Insurance Benefits		(Bi-weekly)		
<ul> <li>Savings, Mutual Funds, stocks and bonds, GIC any money saved from your income indicated in</li> </ul>		\$	(Total for this study period)		
Scholarships/Bursaries – Do not include any exp	pected from	\$	Source		
New Brunswick Student Financial Assistance		\$	Source		
• RRSPs		\$	(Total for this study period)		
Educational Trust Funds or RESPs		\$	(Total for this study period)		
<ul> <li>Indicate any financial resources you will receive period as an Aboriginal person (See NOTE # 2)</li> </ul>		\$	(Total for this study period)		
Indicate any monthly amounts that you will receive					
(a) Due to your disability \$		ement Pension	\$		
(c) Due to your parent's disability \$	• • • • • • • • • • • • • • • • • • • •	vor's Benefit	\$		
<ul> <li>Will you receive or have you received funding and Skills Development Program, under the Ne Education, Training and Labour?</li> </ul>	during your study pe w Brunswick Departm	eriod from the Tra nent of Post-Seco	aining ndary Yes No Unknown		
<ul> <li>Tuition Reduction – if you are eligible for a reduce (For example, if your parent is employed by the tuition fee.)</li> </ul>					
Indicate total amount and source of any other in	come or sponsorship,	not indicated a	bove, you will have during this period of study.		
Total for this study period \$	Are you receivin	g this income bec	ause you are a student? Yes No		
Source					

Refer to the Student Category you determined in Section 2 and go to the next applicable section.

First Name	Relationship to you	Age	See NOTE # 7) Do not  Name of School or I  Educational Institu	Post-Secondary	Grade Level or Year of Study	Social Insurance Number	Also applying for student financial assistance?
			3 will you live with your	•	Yes	No	
			vn		Province/Territo	ory	
	•		arent? Yes _				
-			nstitution you plan to at	•		? ou are required to provi	
showing on the 2006 year, purple may call 1 80 reported. If y	he following line nur rovide the information 10 959-8281.) In ord	nbers o on that ler to a rovide y	f your parent's 2006 Ind they will be reporting or void delays, all lines mu	come Tax Return( n these line numbust be completed.	s). If they have bers. (If they of Enter a "0"	we not yet filed their tax do not have a copy of t if there is no amount ou will be assessed for	return(s) for the heir return, they reported/to be
expenses is of this section. I	considered to be you	ur custo ent rem	dial parent for the purpo arried before you turned	ose of completing	this application	who supports the major on. Your custodial paren ep-parent has legally ac	it must complete
Marital Status	s of your parent (as	of first o	day of classes)				
Single	Married	Separa	ated Divorced	Widowed	I Sing	le Parent Con	nmon-law
Did your pare	ent file an Income Ta	ax Retu	rn for the 2006 year?	Parer Yes N	nt lo	Paı Yes	rent No
Social Insurar	nce Number of Pare	nt					
Date of Birth				YYYY MIN	1 DD	YYYY	IM DD
Total income	(Line 150)			\$	טט ו		
	nents made – Allowa	able de	duction (Line 220)	\$		\$	
Net Income (I	_ine 236)			\$		\$	
Spouse or co	mmon-law partner a	amount	(Line 303)	\$		\$	
CPP or QPP	contributions (Line 3	308 or 3	310)	\$		\$	
Employment	Insurance premiums	s (Line :	312)	\$		\$	
Total payable	e (Line 435)			\$		\$	
	amount of monies is the cost of this per		udent will receive from tudy.	the non-custodia	al \$		
than the inco	me reported on thei	r 2006 I		y may complete t	he <i>Parental/F</i>	nber 31, 2007 will be a Family Contribution Rev nb.ca.	
Department of financial assist the Department your parent. regarding you of any financidisclosing to namely your provided in co	of Post-Secondary stance file, then, in cent to disclose your For the purpose our file, including the ial assistance provid your parent your personal, academic	Educate order to person of facilities status of ded to you person and fin application.	ring: If you wish your ion, Training and Labor facilitate such communial information containe ating communications of this application and tou as a result of the apart information containe ancial information containe ancial information containe ion, and in the material lication?	our on your behanications, you must in your student between the Dephe administration plication, do you din your studen ained in this application in this application.	alf regarding st provide you financial assi partment and repayment a consent to the t financial as cation form, in	your student ar consent for istance file to your parent and collection Department sistance file, the material	No

ENSURE YOU HAVE COMPLETED SECTIONS 1 TO 8A AND SECTION 9.
ALL DEPENDENT STUDENTS AND THEIR PARENT(S)/STEP-PARENT(S)/GUARDIAN(S) MUST READ, SIGN AND RETURN THE DECLARATION AND CONSENT LOCATED ON PAGES 9 AND 10 OF THIS APPLICATION (See NOTE # 9).

If no, where?		//-ZUUO	will you live with your parent?	Yes	No	
			у-ш-м-ш-у-ш-р-ш-ш-			
2. While in classe	-	City or	Town	Province/Ter	ritory	
	es, will you live with	your pa	rent? Yes No	_		
3. How far is your	parent's home from	m the so	chool you plan to attend (# of kilometres o	ne way)?		
	nding a post-secon		student because you have completed 2 pe ucational institution full time, list your en			
From (YYYY/MM)	To (YYYY/MM)		Employer			Province
					l	
			T STUDENTS			
1. List all dependa	ants in your family	uriit. (Se	ee NOTE # 7) Do not list yourself.			
1. List all dependa	Polationahin to	Age	ee NOTE # 7) Do not list yourself.  Name of School or Post-Secondary Educational Institution 2007-2008	Grade Level or Year of Study	Social Insurance Number	Also applying for student financial assistance?
·	Relationship to	•	Name of School or Post-Secondary	Level or Year of		for student financial
·	Relationship to	•	Name of School or Post-Secondary	Level or Year of		for student financial
·	Relationship to	•	Name of School or Post-Secondary	Level or Year of		financial
·	Relationship to	•	Name of School or Post-Secondary	Level or Year of		for student financial
First Name	Relationship to	Age	Name of School or Post-Secondary Educational Institution 2007-2008	Level or Year of		for student financial
First Name	Relationship to you	Age	Name of School or Post-Secondary Educational Institution 2007-2008  Arent? Yes No	Level or Year of Study	Number	for student financial
First Name  2. While in classe	Relationship to you es, will you live with	Age your pa	Name of School or Post-Secondary Educational Institution 2007-2008	Level or Year of Study	Number  D SECTION 9.	for student financial assistance?

	st Name		Firs	t Name		
Social Insura	ance Number		Date	of BirthYYY		-
showing on 2006 year, preturn, he/sh	the following line nur provide the informat ne may call 1 800 95	mbers of your partn ion that he/she wil 59-8281.) In order t choose not to prov	ailable federal and provincer's 2006 Income Tax Ret I be reporting on these lire o avoid delays, all lines mide your partner's income I).	urn. If he/she had ne numbers. (If houst be complete	s not yet filed his/her t ne/she does not have d. <b>Enter a "0" if ther</b>	tax return for the a copy of their e is no amount
Did your part	tner file an Income T	ax Return for the 20	)06 year?	Yes No	·	
CPP or QPP	benefits (Line 114)	\$	RRSP incon	ne (Line 129)		\$
Employment (Line 119)	Insurance and other	r benefits \$	Total incom	e (Line 150)		\$
Interest and (Line 121)	d other investment	income \$	Support pay (Line 220)	yments made -	Allowable deduction	\$
than the inco found in the	ome reported on the	e 2006 Income Tax pation Guide and Ap	s income from January 1, Return, he/she may complication" or on the Internet with your partner?	nplete the Paren	tal/Family Contributio aid.gnb.ca.	
. While in clas	sses, will you live with	h your partner?		Yes No	)	
. Your partner	r is currently:					
Employe	ed					
	oyed					
Unemplo	•					
Full-time is not ap	e student not applyin oplying for financial a	assistance, we requ Financial Informat	cial assistance – If your paire details of his/her pre-stion form found in the centi	udy and study po	eriod financial resourc	es. Your partner
Full-time is not ap must co Internet	e student not applyin oplying for financial a mplete the <i>Partner's</i> at <u>www.studentaid.g</u>	assistance, we reque Financial Information of the Induction of Induction of Induction of Induction of Induction of Induction	ire details of his/her pre-st ion form found in the central assistance – If your partr	rudy and study pere of this "Information	eriod financial resource ation Guide and Appli	es. Your partner cation" or on the
Full-time is not ap must country Internet Full-time applicati	e student not applyin polying for financial a mplete the <i>Partner's</i> at www.studentaid.ge student applying for student applying for stogether (one care	assistance, we request Financial Information Informati	ire details of his/her pre-st ion form found in the central assistance – If your partr	rudy and study porce of this "Information in a full-time	eriod financial resource ation Guide and Appli	es. Your partner cation" or on the
Full-time is not ap must con Internet Full-time applicati	e student not applyin polying for financial a mplete the <i>Partner's</i> at www.studentaid.ge student applying for student applying for stogether (one care	assistance, we request Financial Information or student financial annot be processed unit. (See NOTE #	ire details of his/her pre-st ion form found in the central assistance – If your partral without the other).	tudy and study porce of this "Information in a full-time your partner.  Grade  ry Level or	eriod financial resource ation Guide and Appli	es. Your partner cation" or on the
Full-time is not ap must co Internet  Full-time applicati List all dependent	e student not applying polying for financial amplete the <i>Partner's</i> at www.studentaid.ge student applying for ions together (one candants in your family <b>Relationship to</b>	assistance, we request Financial Information or student financial annot be processed unit. (See NOTE #	ire details of his/her pre-st ion form found in the centr assistance – If your partr without the other). 7) Do not list yourself or School or Post-Secondal	rudy and study porce of this "Information is a full-time your partner.  Grade  ry Level or  Year of	eriod financial resource ation Guide and Appli student and also app Social Insurance	es. Your partner cation" or on the slying, send both  Also applying for student financial
Full-time is not ap must co Internet  Full-time applicati  List all dependent	e student not applying polying for financial amplete the <i>Partner's</i> at www.studentaid.ge student applying for ions together (one candants in your family <b>Relationship to</b>	assistance, we request Financial Information or student financial annot be processed unit. (See NOTE #	ire details of his/her pre-st ion form found in the centr assistance – If your partr without the other). 7) Do not list yourself or School or Post-Secondal	rudy and study porce of this "Information is a full-time your partner.  Grade  ry Level or  Year of	eriod financial resource ation Guide and Appli student and also app Social Insurance	es. Your partne cation" or on the lying, send both Also applyin for student financial

ENSURE YOU HAVE COMPLETED SECTIONS 1 TO 7, SECTION 8D AND SECTION 9.
ALL MARRIED/COMMON-LAW STUDENTS AND THEIR PARTNER MUST READ, SIGN AND RETURN THE DECLARATION AND CONSENT LOCATED ON PAGES 9 AND 10 OF THIS APPLICATION (See NOTE # 10).

#### **SECTION 9 – DECLARATION AND CONSENT**

Please read carefully prior to signing the application. If this section is not completed, it will be returned to you by surface mail.

#### **MUST BE SIGNED BY ALL APPLICANTS**

#### **DECLARATIONS**

I am hereby applying for financial assistance from the Student Financial Services (SFS) Branch, Department of Post-Secondary Education, Training and Labour, knowing that it is an offence under the *Canada Student Financial Assistance Act*, the *Canada Student Loans Act* and the *Youth Assistance Act* to knowingly make any false statements or misrepresentation in an application or other document, or to wilfully furnish any false or misleading information. I understand that all file information is subject to audit and verification.

I understand that failure to provide complete, accurate or updated information and documentation, or supporting documentation, either in my application or in response to requests for verification or audit purposes, may preclude me from receiving financial assistance in the future, and may result in the cancellation of my current award and/or other benefits, such as bursaries and interest-free status.

I agree to allow SFS to collect personal information about me, whether supplied by me or a third party, including my updated address/telephone number and my academic performance for the period stated on this application or previous periods, as they consider necessary, from any level of government in Canada or elsewhere, educational and financial institutions, and agencies, to use and to exchange such personal information so collected with any educational or financial institution, service or loan provider or agency, or any department or level of government in Canada, but only as required to give effect to this application, including the administration, repayment and collection of any financial assistance arising herefrom.

I agree to notify SFS, in writing, of changes in my period of study, academic information, financial status, or marital status throughout my period of studies.

I agree to use any assistance granted to pay my academic fees, educational costs and living expenses related to my studies, and not accept government student loan assistance from any other provinces or country while receiving assistance authorized by the province of New Brunswick.

I understand that I am responsible for repaying all student loans granted to me.

I acknowledge that any overaward of funding will be recovered, prior to the issuance of any further funding, should SFS find my assessment inaccurate, even if the inaccuracy is a result of an error on my part, or on the part of: my parent(s)/official sponsor(s), partner, my educational institution, or SFS.

I certify that I have read and understood the information provided in the "Student Financial Assistance for Full-time Post-Secondary Students in New Brunswick Information Guide and Application 2007-2008".

Signature of Applicant	

## CONSENT

I authorize release of my personal, academic and financial information to the Canada Millennium Scholarship Foundation, where deemed appropriate, to enable my consideration as a possible candidate for Millennium funding and for the purpose of analyzing the effects of bursaries on low-income students and access to post-secondary education. I authorize the disclosure of the following personal information: name, address, telephone numbers, social insurance number, educational institution attended, value of assessed need, field of study, size of family, number of dependants, date of birth, total award, student status, gender, length of program, year of program, pre-study student work income, and study period student work income to the Canada Millennium Scholarship Foundation, its agents and contractors. I consent to the disclosure and use of this information to the bodies noted above for a total of 3 years, beginning with the first year of study in which I apply for student financial assistance. The results of the research will be published. The Foundation, its agents and contractors undertake to maintain, respect and protect the confidentiality of the personal information received under this Agreement and not to release it to any person without the express written consent of New Brunswick, and the student or parent where applicable.

If I am not awarded Millennium funding, I consent to the disclosure of personal information for the purpose of analyzing the effects of bursaries on low-income students and access to post-secondary education. I authorize the disclosure of the following personal information: name, address, telephone numbers, social insurance number, educational institution attended, value of assessed need, field of study, size of family, number of dependants, date of birth, total award, student status, gender, length of program, year of program, pre-study student work income, and study period student work income to the Canada Millennium Scholarship Foundation, its agents and contractors. I consent to the disclosure and use of this information to the bodies noted above for a total of 3 years, beginning with the first year of study in which I apply for student financial assistance. The results of the research will be published by the Foundation. The Foundation, its agents and contractors will comply with the provisions of the New Brunswick *Protection of Personal Information Act* (the "Act") and will not release personal information except where authorized under the provisions of the Act.

			20
Signature of Applicant	Social Insurance Number	Date	

#### **SECTION 9 – DECLARATION AND CONSENT continued**

CANADA REVENUE AGENCY AUTHORIZATION
MUST BE SIGNED BY ALL APPLICANTS AND THE PARENT(S)/STEP-PARENT(S)/GUARDIAN(S) OF DEPENDENT STUDENT
APPLICANTS OR PARTNER OF MARRIED/COMMON-LAW STUDENT APPLICANTS

This tax release declaration authorizes Canada Revenue Agency to release to Student Financial Services, Department of Post-Secondary Education, Training and Labour, 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 New Brunswick Student Financial Assistance Program under the *Youth 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.

prior to the year of signature of this consent, the		
requested.	7	
		20
Signature of Applicant	Social Insurance Number	Date
		20
Signature of Parent or Partner (See NOTES # 9 and 10)	Social Insurance Number	Date
		20
Signature of Parent	Social Insurance Number	Date
MUST BE SIGNED BY PARENT(S)/STEP-PARENT OF MARRIED/COMMON-LAW STUDENT APPLICATIONS  I have given complete and true information, knowing Canada Student Loans Act and the Youth Assistata application or other document, or to wilfully furnish any I agree to allow the Student Financial Services (SFS) information about me and exchange information about elsewhere, educational institution(s), service or loan put I understand that SFS, when completing a request information to the applicant.  I understand that I am not liable for government students	g that it is an offence under the Cannece Act to knowingly make any falsy false or misleading information.  Branch, Department of Post-Secondary ut me, as they consider necessary, for rovider(s), or agencies.  for a review of the applicant's finance.	ada Student Financial Assistance Act, the se statements or misrepresentation in an y Education, Training and Labour, to collect om any level of government in Canada or
Signature of Parent or Partner (See NOTES # 9 and 10)	Signature of Parent	
CONSENT		
I consent to the disclosure of personal information for access to post-secondary education. I authorize the discondation, its agents and contractors. I consent to the years, beginning with the first year of study in whice research will be published by the Foundation. The Formswick <i>Protection of Personal Information Act</i> (the the provisions of the <i>Act</i> .	lisclosure of my total income (if applicate disclosure and use of this information my son/daughter applies for stude boundation, its agents and contractors	able) to the Canada Millennium Scholarship on to the bodies noted above for a total of 3 nt financial assistance. The results of the will comply with the provisions of the New
		20
Signature of Parent (See NOTE # 9)	Social Insurance Number	Date

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

**Signature of Parent** 

ALL APPLICANTS MUST SUBMIT THIS PAGE WITH THE APPLICATION FORM

**Social Insurance Number** 

20

**Date**