

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 www.studentaid.gnb.ca 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 www.cic.gc.ca, 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 Human Resources Centre of Canada (HRCC) or call 1 888 428-0888 or visit its website at www.sdc.gc.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 www.studentaid.gnb.ca. 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 / 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 2006-2007 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 spouse or common-law 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 2005 Income Tax Return as wholly dependent other than your spouse or common-law 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.

NEW BRUNSWICK STUDENT FINANCIAL ASSISTANCE APPLICATION FOR FULL-TIME STUDY 2006-2007

For classes beginning between August 1, 2006 and July 31, 2007

- ◆ 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 **four weeks** 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 its 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 _____
YYYY MM DD

Legal Last Name _____ Legal First Name _____ Middle Initial _____

Language Preference English _____ French _____ Gender Male _____ Female _____

Marital Status (as of first day of classes)

Single _____ Married _____ Separated _____ Divorced _____ Widowed _____ Single Parent _____ Common-law _____

For the purpose of completing this application, the term "parent" refers to parent(s), step-parent(s) or guardian(s); the term "partner" refers to your spouse or common-law partner; the term "educational institution" refers to the post-secondary educational institution in which you are enrolled or plan to enrol.

Your Mailing Address

Keep SFS informed of any changes in this address.

Civic (Street) Address or PO Box Apt. No.

City/Town

Province/Territory Country Postal Code

(_____) _____
Telephone No. Mother's Maiden Name

E-mail Address

Address of Parent or Next of Kin

Do not list your partner or children.

Last Name of Next of Kin First Name(s)

(_____) _____

Telephone No. Relationship to you

Mailing Address (if different from your mailing address)

Civic (Street) Address or PO Box Apt. No.

City/Town

Province/Territory Country Postal Code

Do you have a permanent disability? (See **NOTE # 1**) Yes _____ No _____

Are you an Aboriginal person? (See **NOTE # 2**) 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 _____ No _____

Indicate if you have previously cashed a _____ If Yes, from which Province or Territory _____ Latest year cashed _____

• Canada Student Loan Certificate Yes _____ No _____

• Integrated Loan Certificate Yes _____ No _____

• New Brunswick Loan Certificate Yes _____ No _____ New Brunswick

INCOME TAX INFORMATION

Did you file an Income Tax Return for the 2005 year? Yes _____ No _____

The amounts showing on the following line numbers of your 2005 Income Tax Return are required. If you have not yet filed your tax return for the 2005 year, provide the information that you will be reporting on these line numbers. (If you do not have a copy of your return, call 1 800 959-8281.) **Enter "0" if there is no amount reported/to be reported.**

114	CPP/QPP \$ _____	121	Interest/Investment \$ _____	150	Total Income \$ _____	303	Spouse/Common-law Partner Amount \$ _____
119	EI/Other Benefits \$ _____	129	RRSP \$ _____	220	Support Payments \$ _____		

SECTION 2 – STUDENT CATEGORY

To properly complete this application, you must first know your student category. Read the statements in the list below. Place a check mark (✓) beside the first statement appearing in the list that best describes what your situation will be on the first day of the study period for which you are applying. (You should have only one statement marked ✓.)

Your student category is:

- **Married or Common-law** If you and your partner
 Are married;
 Are receiving social assistance as a family unit from the Department of Family and Community Services, and are currently living common-law;
 Claimed your marital status as common-law on your 2005 Income Tax Return;
 Are the natural parents of children living in the same household for whom you are financially responsible.

- **Single Parent** If you are
 Separated / divorced and have legal and/or physical custody and responsibility for dependent children who live with you. (See **NOTE # 7**)
 Widowed and have legal and/or physical custody and responsibility for dependent children who live with you. (See **NOTE # 7**)
 A single parent.

- **Independent Student** If you
 Have been out of high school for 4 years;
 Have completed 2 periods of 12 consecutive months in the labour force (working or actively seeking employment) while not studying full time at a post-secondary educational institution;
 Have no legal guardian or sponsor, and your parents are deceased;
 Are separated / divorced / widowed and do not have legal custody of any children;
 Are under the care and custody of the Minister of Family and Community Services. (See **NOTE # 8**)

- **Dependent Student** None of the above statements apply to you.

SECTION 3 – RESIDENCY

You must apply for student financial assistance to the province/territory in which you are considered a resident. (Permanent Resident – see Note # 3; Protected Persons of Canada – see Note # 4.) Find your student category in the left hand column and answer all questions applicable to that student category.

Your student category is:

- **Dependent** (i) Indicate the last place your parent lived for 12 consecutive months prior to the first day of your study period for the 2006-2007 academic year. If your parent lives/lived outside Canada – ie: with the Armed Forces – indicate where your parent last resided or maintained the family home for 12 consecutive months before leaving Canada.

If not NB, indicate dates
_____ from _____ to _____
Province / Territory (or Country, if not in Canada) YYYY MM YYYY MM

(ii) If you did not indicate New Brunswick in Section (i), did you remain in New Brunswick to begin or continue post-secondary education within 12 months of the date your parent left New Brunswick.
Yes _____ No _____

If you indicated New Brunswick in section (i) or answered yes to section (ii), you are considered a New Brunswick resident – continue completing this application. If you did not indicate New Brunswick in section (i) or answered no to Section (ii), you are not considered a resident of New Brunswick. You must apply to the province/territory you have indicated. For other provincial/territorial contact information visit www.canlearn.ca.

- **Single Parent or Independent** The last place you lived for 12 consecutive months prior to the first day of your study period for the 2006-2007 academic year (while not studying full time at a post-secondary educational institution) was:

If not NB, indicate dates
_____ from _____ to _____
Province / Territory (or Country, if not in Canada) YYYY MM YYYY MM

If you indicated New Brunswick you are considered a resident of New Brunswick – continue completing this application. If you did not indicate New Brunswick, you must apply to the province/territory you have indicated. For other provincial/territorial contact information visit www.canlearn.ca.

SECTION 3 – RESIDENCY continued

- **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 www.canlearn.ca.
 - 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 2006-2007 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:

- (i) **Applicant**

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

If not NB, indicate dates
 from YYYY MM to YYYY MM
- (ii) **Partner**

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

If not NB, indicate dates
 from YYYY MM to YYYY MM
- (iii) You are studying in New Brunswick and New Brunswick was not the province in which you last lived for 12 consecutive months while not studying full time at a post-secondary educational institution; however, your partner is living in New Brunswick, is and has been employed in New Brunswick for at least 12 consecutive months prior to the first day of the study period for which you are applying.
 Yes No

If you indicated New Brunswick in section (i) or (ii), or answered yes to section (iii), you are considered a resident of New Brunswick – continue completing this application. If you did not indicate New Brunswick, you must apply to the province/territory you have indicated. For other provincial/territorial contact information visit www.canlearn.ca.

SECTION 4 – PROGRAM OF STUDY FOR THE 2006-2007 ACADEMIC YEAR

You may need to complete a *Request for Program Information* form. (See **NOTE # 5**) Check which applies to your situation.

Your *Request for Program Information* form is/will be:

Not required Attached to this application Forwarded directly by your educational institution

Educational Institution you plan to attend during the 2006-2007 academic year

Name of Educational Institution _____ Campus _____ Telephone 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 Master Ph.D.

Indicate start and end dates for your 2006-2007 academic year

	Start date (YYYY/MM)	End date (YYYY/MM)
Study Term (in classes) _____		
Co-op Work Term _____		
Practicum _____		

Are you taking any part of this period of study through distance education – ie: correspondence or via the Internet?

Yes No If yes, from YYYY MM to YYYY MM

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 received Grade 12 equivalency? Yes _____ No _____

If Yes, indicate date _____
YYYY MM

Have you ever enrolled at a Post-Secondary Educational Institution, taking post-secondary level courses, either as a full-time or part-time student? Yes _____ No _____

If Yes, and you are a first-time applicant, provide the following detailed information for **each year** you have attended a Post-Secondary Educational Institution as a **full-time student**. If you have completed this form on a previous application, you need only provide details of any post-secondary education since your last application.

Complete this section, starting with the latest year attended. If additional space is required, attach additional sheet found in the center of this "Information Guide and Application" or on the Internet at www.studentaid.gnb.ca. If this section is not fully completed, your application cannot be processed.

Year _____ Level of Study * _____ Faculty & Major _____ Did you graduate? Yes _____ No _____

Did you receive a Canada Student Loan during this Period of Study? Yes _____ No _____

Did you successfully complete at least 60% of a full-time course load during this Period of Study? (See **NOTE # 6**) Yes _____ No _____

Name of Institution _____

Name of Program _____ Start Date _____ End Date _____
YYYY MM YYYY MM

Year _____ Level of Study * _____ Faculty & Major _____ Did you graduate? Yes _____ No _____

Did you receive a Canada Student Loan during this Period of Study? Yes _____ No _____

Did you successfully complete at least 60% of a full-time course load during this Period of Study? (See **NOTE # 6**) Yes _____ No _____

Name of Institution _____

Name of Program _____ Start Date _____ End Date _____
YYYY MM YYYY MM

Year _____ Level of Study * _____ Faculty & Major _____ Did you graduate? Yes _____ No _____

Did you receive a Canada Student Loan during this Period of Study? Yes _____ No _____

Did you successfully complete at least 60% of a full-time course load during this Period of Study? (See **NOTE # 6**) Yes _____ No _____

Name of Institution _____

Name of Program _____ Start Date _____ End Date _____
YYYY MM YYYY MM

* Indicate the number of your **level of study** for this period of study: **1 = Certificate** **2 = Diploma** **3 = Bachelor** **4 = Master** **5 = PhD**

OTHER POST-SECONDARY STUDIES: If you were not able to check Yes – you successfully completed at least 60% of a full-time course load for any period of study indicated above or on the additional sheet if applicable, answer the following question.

Have you successfully completed 60% of a full year of post-secondary education within the last 10 years at a Canadian post-secondary institution? (This requirement does not need to be met in a single session, but could be a total of several courses taken during the last 10 years.) Yes _____ No _____

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.

<u>If you were in school until</u>	<u>Your pre-study period is</u>	<u>Total income before deductions</u>
April 2006 and classes start in September 2006	May 1, 2006 to September 1, 2006	\$ _____
June 2006 and classes start in September 2006	June 26, 2006 to September 1, 2006	\$ _____
None of the above – Explain:	18 weeks before the start of your classes	\$ _____

Indicate the source(s) of your income before your study period:

Employment Earnings _____ Employment Insurance Benefits _____ Social Assistance _____ CPP/QPP Benefits _____
 Other _____ List source: _____

SECTION 7 – STUDY PERIOD RESOURCES

Do you/will you have any financial resources during your **study period**? Yes _____ No _____

If Yes, provide detailed information as indicated below.

Indicate all income **before deductions** that you expect to receive **during your study period** from the following sources:

- Study Period Employment Earnings – Including all earnings from employment during your Co-Op Work Term or paid practicum, if applicable \$ _____ (Monthly)
- How many months will you work during this study period? _____ (Total number of months)
- Assistantship/Honorarium/Fellowship or Research Grant \$ _____ (Total for this study period)
- Social Assistance \$ _____ (Monthly)
- Support payments that you will receive \$ _____ (Monthly)
- Employment Insurance Benefits \$ _____ (Bi-weekly)
- Savings, Mutual Funds, stocks and bonds, GICs – Do not include any money saved from your income indicated in Section 6 above \$ _____ (Total for this study period)
- Scholarships/Bursaries – Do not include any expected from New Brunswick Student Financial Assistance \$ _____ Source _____
 \$ _____ Source _____
- RRSPs \$ _____ (Total for this study period)
- Educational Trust Funds or RESPs \$ _____ (Total for this study period)
- Indicate any financial resources you will receive during your study period as an Aboriginal person (See **NOTE # 2**) \$ _____ (Total for this study period)

Indicate any monthly amounts that you will receive in CPP or QPP benefits:

(a) Due to your disability \$ _____ (b) Retirement Pension \$ _____

(c) Due to your parent's disability \$ _____ (d) Survivor's Benefit \$ _____

- Will you receive or have you received funding during your study period from the Training and Skills Development Program, under the New Brunswick Department of Post-Secondary Education and Training? Yes _____ No _____ Unknown _____

- Tuition Reduction – if you are eligible for a reduced tuition fee, you must claim the amount of the reduction. (For example, if your parent is employed by the institution you are attending, you may be charged a reduced tuition fee.) \$ _____

- Indicate total amount and source of any other income or sponsorship, not indicated above, you will have during this period of study.

Total for this study period \$ _____ Are you receiving this income because you are a student? Yes _____ No _____

Source _____

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

SECTION 8A – DEPENDENT STUDENTS

1. List all dependants in your family unit. (See **NOTE # 7**) Do not list yourself or your parents.

First Name	Relationship to you	Age	Name of School or Post-Secondary Educational Institution 2006-2007	Grade Level or Year of Study	Social Insurance Number	Also applying for student financial assistance?

2. Before the start of classes for 2006-2007 will you live with your parent? Yes No

If no, where? _____
 _____ City or Town _____ Province/Territory

3. While in classes, will you live with your parent? Yes No

4. How far is your parent's home from the institution you plan to attend (# of kilometres one way)? _____

5. **Mandatory Financial Information:** The amounts showing on the following line numbers of your parent's 2005 Income Tax Return(s) are required. If they have not yet filed their tax return(s) for the 2005 year, provide the information that they will be reporting on these line numbers. (If they do not have a copy of their return, they may call 1 800 959-8281.) In order to avoid delays, all lines must be completed. **Enter a "0" if there is no amount reported/to be reported.**

If your parents are separated or divorced, the parent with whom you normally reside or who supports the majority of your living expenses is considered to be your custodial parent for the purpose of completing this application. Your custodial parent must complete this section. If your custodial parent remarried before you turned 18 years of age, or if your step-parent has legally adopted you, your step-parent's income tax information is also required.

Marital Status of your parent (as of first day of classes)

Single Married Separated Divorced Widowed Single Parent Common-law

Did your parent file an Income Tax Return for the 2005 year? Yes No

Parent/Step-Parent/Guardian	Parent/Step-Parent/Guardian
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Social Insurance Number of Parent/Step-Parent/Guardian

Date of Birth (YYYY/MM/DD) _____

Total income (Line 150) \$ _____

Support payments made – Allowable deduction (Line 220) \$ _____

Net Income (Line 236) \$ _____

Spouse or common-law partner amount (Line 303) \$ _____

CPP or QPP contributions (Line 308 or 310) \$ _____

Employment Insurance premiums (Line 312) \$ _____

Total payable (Line 435) \$ _____

Indicate any amount of monies the student will receive from the non-custodial parent towards the cost of this period of study. \$ _____

Special Note: If your parent believes that their gross income from January 1, 2006 to December 31, 2006 will be at least 5% lower than the income reported on their 2005 Income Tax Return, they may complete the *Parental/Family Contribution Review Form*, found in the centre of this "Information Guide and Application" or on the Internet at www.studentaid.gnb.ca.

Please read and complete the following: If you wish your parent to be able to communicate with the Department of Post-Secondary Education and Training on your behalf regarding your student financial assistance file, then, in order to facilitate such communications, you must provide your consent for the Department to disclose your personal information contained in your student financial assistance file to your parent. For the purpose of facilitating communications between the Department and your parent regarding your file, including the status of this application and the administration, repayment and collection of any financial assistance provided to you as a result of the application, do you consent to the Department disclosing to your parent your personal information contained in your student financial assistance file, namely your personal, academic and financial information contained in this application form, in the material provided in connection with this application, and in the material the Department is authorized by you and by law to collect in connection with this application.

Yes 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.**

SECTION 8B – INDEPENDENT STUDENTS

1. Before the start of classes for 2006-2007 will you live with your parent? Yes _____ No _____

If no, where? _____
 City or Town Province/Territory

2. While in classes, will you live with your parent? Yes _____ No _____

3. How far is your parent’s home from the school you plan to attend (# of kilometres one way)? _____

4. If you are claiming to be an independent student because you have completed 2 periods of 12 consecutive months in the labour force while not attending a post-secondary educational institution full time, list your employment history for these most recent 2 periods since leaving high school.

From (YYYY/MM)	To (YYYY/MM)	Employer	Province

**ENSURE YOU HAVE COMPLETED SECTIONS 1 TO 7, SECTION 8B AND SECTION 9.
 ALL INDEPENDENT STUDENTS MUST READ, SIGN AND RETURN THE DECLARATION AND CONSENT LOCATED ON PAGES 9 AND 10 OF THIS APPLICATION.**

SECTION 8C – SINGLE PARENT STUDENTS

1. List all dependants in your family unit. (See NOTE # 7) Do not list yourself.

First Name	Relationship to you	Age	Name of School or Post-Secondary Educational Institution 2006-2007	Grade Level or Year of Study	Social Insurance Number	Also applying for student financial assistance?

2. While in classes, will you live with your parent? Yes _____ No _____

**ENSURE YOU HAVE COMPLETED SECTIONS 1 TO 7, SECTION 8C AND SECTION 9.
 ALL SINGLE PARENT STUDENTS MUST READ, SIGN AND RETURN THE DECLARATION AND CONSENT LOCATED ON PAGES 9 AND 10 OF THIS APPLICATION.**

SECTION 8D – MARRIED/COMMON-LAW STUDENTS

1. Partner's Last Name _____ First Name _____ Date of Birth _____
YYYY MM DD

2. **Mandatory Financial Information:** The amounts showing on the following line numbers of your partner's 2005 Income Tax Return are required. If he/she has not yet filed their tax return for the 2005 year, provide the information that he/she will be reporting on these line numbers. (If he/she does not have a copy of the return, they may call 1 800 959-8281.) In order to avoid delays, all lines must be completed. **Enter "0" if there is no amount reported/to be reported.**

Did your partner file an Income Tax Return for the 2005 year? Yes _____ No _____

CPP or QPP benefits (Line 114) \$ _____ RRSP income (Line 129) \$ _____

Employment Insurance and other benefits (Line 119) \$ _____ Total income (Line 150) \$ _____

Interest and other investment income (Line 121) \$ _____ Support payments made – Allowable deduction (Line 220) \$ _____

Special Note: If your partner believes his/her gross income from January 1, 2006 to December 31, 2006 will be at least 5% lower than the income reported on the 2005 Income Tax Return, he/she may complete the *Parental/Family Contribution Review Form*, found in the centre of this "Information Guide and Application" or on the Internet at www.studentaid.gnb.ca.

3. Before the start of classes for 2006-2007 will you live with your partner? Yes _____ No _____

4. While in classes, will you live with your partner? Yes _____ No _____

5. Your partner is currently:

Employed

Unemployed

Full-time student not applying for student financial assistance – If your partner is attending full-time post-secondary studies, but is not applying for financial assistance, we require details of his/her pre-study and study period financial resources. Your partner must complete the *Spousal/Common-law Partner's Financial Information* form found in the centre of this "Information Guide and Application" or on the Internet at www.studentaid.gnb.ca.

Full-time student applying for student financial assistance – If your partner is a full-time student and also applying, send both applications together (one cannot be processed without the other).

6. List all dependants in your family unit. (See **NOTE # 7**) Do not list yourself or your partner.

First Name	Relationship to you	Age	Name of School or Post-Secondary Educational Institution 2006-2007	Grade Level or Year of Study	Social Insurance Number	Also applying for student financial assistance?

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

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 and Training, 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), spouse/common-law 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 2006-2007*".

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.

Signature of Applicant

Social Insurance Number

Date

ALL APPLICANTS MUST SUBMIT THIS PAGE WITH THE APPLICATION FORM

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 SPOUSE/COMMON-LAW PARTNER OF MARRIED/COMMON-LAW APPLICANTS**

This tax release declaration authorizes Canada Revenue Agency to release to Student Financial Services, Department of Post-Secondary Education and Training, 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.

<input type="text"/>	<input type="text"/>	<input type="text" value="20 ____"/>
Signature of Applicant	Social Insurance Number	Date
<input type="text"/>	<input type="text"/>	<input type="text" value="20 ____"/>
Signature of Parent/Step-parent/Guardian or Spouse/Common-law Partner	Social Insurance Number	Date
<input type="text"/>	<input type="text"/>	<input type="text" value="20 ____"/>
Signature of Parent/Step-parent/Guardian	Social Insurance Number	Date

Note: The signatures of both parents/step-parents/guardians are required, if applicable.

**MUST BE SIGNED BY PARENT(S)/STEP-PARENT(S)/GUARDIAN(S) OF DEPENDENT STUDENT APPLICANTS OR SPOUSE/
COMMON-LAW PARTNER OF MARRIED/COMMON-LAW APPLICANTS**

DECLARATIONS

I have given complete and true information, 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 agree to allow the Student Financial Services (SFS) Branch, Department of Post-Secondary Education and Training, to collect information about me and exchange information about me, as they consider necessary, from any level of government in Canada or elsewhere, educational institution(s), service or loan provider(s), or agencies.

I understand that SFS, when completing a request for a review of the applicant's financial assistance, may disclose my financial information to the applicant.

I understand that I am not liable for government student loans granted to the applicant.

<input type="text"/>	<input type="text"/>
Signature of Parent/Step-parent/Guardian or Spouse/Common-law Partner	Signature of Parent/Step-parent/Guardian

CONSENT

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 my total income (if applicable) 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 my son/daughter applies 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.

<input type="text"/>	<input type="text"/>	<input type="text" value="20 ____"/>
Signature of Parent/Step-parent/Guardian	Social Insurance Number	Date
<input type="text"/>	<input type="text"/>	<input type="text" value="20 ____"/>
Signature of Parent/Step-parent/Guardian	Social Insurance Number	Date

Note: The signatures of both parents/step-parents/guardians are required, if applicable.

ALL APPLICANTS MUST SUBMIT THIS PAGE WITH THE APPLICATION FORM