

COMPLETING THE CONFIRMATION OF EARNINGS FORM

IMPORTANT INSTRUCTIONS: READ CAREFULLY

Your Confirmation of Earnings (COE) form must be received by Student Financial Services (SFS) **after the first day of classes and within the deadlines indicated below** in order to receive full consideration under the program. Only those students who submit their COE by the published deadline dates can be considered for Millennium Bursaries and Millennium Access Grants. Student financial assistance cannot be negotiated after your period of study end date.

No further funds can be issued until the COE form is completed and received by the SFS Branch.

2007-2008 Deadlines for Submission of COE forms to Student Financial Services		Final Deadlines
Only those students who submit their COE by the deadline date can be considered for Millennium Bursaries and Millennium Access Grants. Missing these deadlines could prevent you from receiving some or all of the financial assistance for which you may be eligible.		Student financial assistance cannot be cashed after your period of study end date. Missing the deadlines means your file will not be processed.
Program Duration	COE Form	
University <ul style="list-style-type: none"> September to April September to December January to April 	November 15 November 1 March 1	6 weeks before period of study end date
<ul style="list-style-type: none"> Intersession Summer Session 	May 25 July 25	4 weeks before period of study end date
Community College <ul style="list-style-type: none"> September to June January to June January to January September to September 	November 15 March 1 March 15 November 15	6 weeks before period of study end date
Private Educational Institution or any program duration not listed above <ul style="list-style-type: none"> 12 – 16 Weeks 17 Weeks + 	45 days after start of classes 60 days after start of classes	6 weeks before period of study end date

- ⇒ You must complete all sections of the COE form or it will be returned to you:
- Where applicable, either yes or no must be indicated;
 - If a section does not apply to your situation, please indicate N/A (Not Applicable);
 - **Be sure to sign SECTION 4: Declaration and Required Signature**, or your COE form will be returned to you for completion. This may cause a delay in your funding, or cause you to miss the final deadline for submission of the COE form.

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CONFIRMATION OF EARNINGS (COE)



Do not submit this form until after the first day of classes and within the deadlines indicated on the attached Important Instructions. If received prior to the first day of classes, it will be returned to you unprocessed.

Submit the completed form along with all supporting documentation to:
Student Financial Services, Department of Post-Secondary Education, Training and Labour, PO Box 6000, 77 Westmorland St., Fredericton, NB E3B 5H1
or you may fax it to (506) 444-4333

If not complete, this form will be returned to you by mail. If a section does not apply to you, indicate N/A for not applicable.

Social Insurance Number _____ Educational Institution Student I.D. Number _____

Name _____ Telephone _ (____) _____

Mailing Address _____
Street/PO Box Apt. No. City Province/State Postal/Zip Code

SECTION 1: Pre-Study Period Information

The pre-study period information applies to the 18-week period immediately before the month in which your study period begins.

A. Your Pre-study Period

Check (✓) the appropriate sentence (1, 2 or 3) that applies to you, or complete sentence 4. Only one sentence will be applicable to your situation.

____ 1. May 1st to September 1st, 2007 is your pre-study period if you were in full-time post-secondary studies or high school until April 2007 and your period of study began in September 2007.

____ 2. June 25th to September 1st, 2007 is your pre-study period if you were in full-time post-secondary studies or high school until June 2007 and your period of study began in September 2007.

____ 3. If you attended both Intersession and Summer Session full-time, and your classes began in September 2007, you do not have a pre-study period. *If you did not receive student financial assistance from this office during this period of study, you must provide proof of dates of study and full-time enrolment from the post-secondary educational institution you attended.*

____ 4. If sentences 1, 2 or 3 above do not apply to you, your pre-study period is the 18-week period prior to your period of study.

Indicate dates: From ____/____/____ To ____/____/____
YYYY MM DD YYYY MM DD

B. Pre-Study Period Accommodation

During your pre-study period you lived with: _____ If No, indicate in what city and province you lived during your pre-study period: _____

Your parent(s) or guardian(s) Yes ____ No ____

Your partner Yes ____ No ____ City _____ Province _____

C. Your Employment Status during Your Pre-Study Period

Check any situation which applied to your pre-study period and provide the required documentation.

____ You were unemployed and had no source of income. Keep a list of employers where you searched for employment. You may be required to provide the list to Student Financial Services at a later date.

____ You were unemployed due to illness. **Attach a letter from your physician giving dates you were unable to work due to illness.**

____ You were self-employed. **Submit a detailed signed financial statement of your income and expenses. This statement may be completed by you.**

____ You/your partner received Social Assistance.

____ You were employed. **Section D: Verification of Pre-Study Period Income must be completed by your employer(s).**

____ You were unemployed and received Employment Insurance Benefits. **Human Resources and Social Development must complete section 3 on the reverse of this form.**

____ You received CPP/QPP benefits. Monthly amount: \$_____.

D. Verification of Pre-Study Period Income

You were employed: To be completed by your employer(s) OR you may provide a copy of your record of employment if it clearly states the total income for your pre-study period indicated in Section 1A above ONLY.

1. Employer's Name _____

Address _____ Telephone (____) _____

Dates of employment during the pre-study period indicated in Section 1A From ____/____/____ To ____/____/____
YYYY MM DD YYYY MM DD

Total income before deductions for PRE-STUDY PERIOD ONLY \$_____

Employer's Signature _____ Date _____

2. Employer's Name _____

Address _____ Telephone (____) _____

Dates of employment during the pre-study period indicated in Section 1A. From ____/____/____ To ____/____/____
YYYY MM DD YYYY MM DD

Total income before deductions for PRE-STUDY PERIOD ONLY \$_____

Employer's Signature _____ Date _____

(See reverse)

E. Allowable Expenses	PROOF REQUIRED (attach to this form)	Amount Paid
1. Rent/Lease of an apartment <i>may</i> be considered if: A) You lived at your parent's home during your pre-study period and had to pay rent for an apartment you could not sublet; OR B) You had to maintain two residences due to working in another city during your pre-study period.	Proof of rent paid from landlord including the name, address and telephone number of your landlord as well as dates and amount charged per month for rent or lease.	\$ _____
2. Expenses for part-time studies during your pre-study period if you did not receive a Part-time Canada Student Loan for this term.	Receipts for tuition and books and proof of dates enrolled.	\$ _____
3. Exceptional medical/dental expenses paid during your pre-study period, which were not covered by insurance policy.	Receipt showing dates and amounts paid.	\$ _____
4. Canada/Provincial Student Loan payments you were required to make during your pre-study period only.	Proof of payment to your loan provider.	\$ _____
5. Required Canada/Provincial Student Loan payments paid by your partner (during your pre-study period and your study period).	Proof of payment to the loan provider.	\$ _____ (pre-study) \$ _____ (study)

SECTION 2: Study Period Information

Name of Post-Secondary Educational Institution _____

Campus (if applicable) _____

Name of Program of Study _____

Indicate dates for your 2007-2008 Study Period

	From (YYYY)	(MM)	To (YYYY)	(MM)
Study Term (in classes)	_____	_____	_____	_____
Co-op Work Term	_____	_____	_____	_____
Practicum	_____	_____	_____	_____

A. **Accommodations during your Study Period:** During your study period you will live with:

Your parent(s), step-parent(s) or guardian(s)? Yes No If No, indicate where you will live during your study period

Your partner? Yes No City _____ Province _____

B. **Financial Resources during your Study Period:**

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

* If **Yes**, indicate all income before deductions that you expect to receive during your study period from the following sources:

1. Study Period employment earnings (*Be sure to include your co-op work term earnings if you have indicated a co-op work term in your dates of study above*)

Total number of months you will work during this study period Monthly Amount (**before** deductions) \$ _____

2. Assistantship / honorarium / fellowship or research grant Total Amount \$ _____

3. Scholarship/bursary/grants from a source other than New Brunswick Student Financial Assistance (*be sure to list all sources*)

Source _____ \$ _____ Source _____ \$ _____

Source _____ \$ _____ Source _____ \$ _____

4. You are receiving, or expect to receive, funding from the Training and Skills Development Program (TSD), Department of Post-Secondary Education, Training and Labour. Yes* No

* If **Yes**, a copy of your disbursement schedule, which indicates total funding you will receive from TSD, must be submitted with this form.

5. Social Assistance, Department of Family and Community Services Monthly Amount \$ _____

6. You are receiving, or expect to receive, financial resources as an Aboriginal Person. Yes* No

* If **Yes**, you must provide a letter from the source of the financial resources with this form. The letter must include any amounts you expect to receive for monthly maintenance, travel, daycare, tuition, student fees, books and supplies.

7. CPP/QPP Benefits during your study period Monthly Amount \$ _____

8. 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.)

9. Any other financial resources **not indicated above** Amount \$ _____ List source _____

SECTION 3: Employment Insurance Benefit Recipients (An official from Human Resources and Social Development must complete this section, indicating the gross amount of EI Benefits for your pre-study and study periods)

Pre-Study Period (see Section 1A) From ____/____/____ To ____/____/____ Total Amount \$ _____
 YYYY MM DD YYYY MM DD

Study Period (see Section 2) From ____/____/____ To ____/____/____ Bi-weekly amount of Benefits \$ _____
 YYYY MM DD YYYY MM DD

Signature of HRSD Official _____ Telephone _____ Date _____

SECTION 4: Declaration and Required Signature

I declare that the above information is correct to the best of my knowledge and should there be any changes in my academic, personal or financial status, I agree to notify the Student Financial Services Branch in writing. I certify that I have read and I understand the information provided in the "New Brunswick Student Financial Assistance Program Guide" available in booklet form and on the Internet.

Signature of Student _____ SIN _____ Date _____