

Supplementary Application Form - Full-Time Study 2007-2008

Canada - Newfoundland and Labrador Integrated Student Loans Program

Form must be completed and signed in INK.

Date Received

ALL STUDENTS COMPLETE THIS SECTION

Student Number					
Surname	Given Name	Initial	Social Insurance Number	Marital Status	

LIVING ACCOMMODATIONS

During the Study Period I will live:

At home with parent(s) or spouse Number of Km to school

Away from home Address _____

FINANCIAL INFORMATION

Income During the Study Period	Applicant	Spouse, if applicable
Income from EMPLOYMENT (gross WEEKLY)	\$	\$
Employment Insurance Income (gross WEEKLY)	\$	\$
HRSDC Training Allowance (gross WEEKLY)	\$	\$
HRSDC Training Allowance - TUITION & BOOKS per semester	\$	\$
Canada Pension/DVA Allowance (MONTHLY)	\$	\$
Human Resources, Labour & Employment (MONTHLY)	\$	\$
Scholarship/Bursary/Fellowship (total value)	\$	\$
Educational Trust Fund	\$	\$
Investments & Assets (total principal + interest)	\$	\$
RRSP (total value)	\$	\$
Tuition Vouchers (i.e., SWASP - voucher amount only)	\$	\$
Other Income (Worker's Compensation, Organizational Sponsorship etc)	\$	\$
Alimony/Maintenance Payments (WEEKLY)	\$	\$

Married/Common-Law & Single Parent Students ONLY (If Applicable):

Is your spouse a full-time student? Yes No Daycare Cost (WEEKLY) \$

Is your spouse applying for Student loans? Yes No Are Daycare Costs Paid by HRLE/HCS? Yes No

MUN AND MARINE STUDENTS ONLY

COURSE INFORMATION			YEAR OF PROGRAM	
CAMPUS	NUMBER OF REGULAR SEMESTER (14 week) COURSES	NUMBER OF INTERSESSION (1ST 6 weeks) COURSES	NUMBER OF SUMMER SESSION (2ND 6 weeks) COURSES	
For Office Use Only	Inst. Code	Work Term: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid		

ALL OTHER STUDENTS

COURSE INFORMATION (Must be completed by school Financial Aid Office)

Program Name:						YEAR OF PROGRAM	
INSTITUTION CODE	SEMESTER START DATE	SEMESTER END DATE	% OF COURSE LOAD	NUMBER OF WEEKS IN SEMESTER	TUITION COST	BOOK COST	OTHER COST

Work Term: Yes No Paid Unpaid

Signature of School Rep/School Stamp _____

Applicant's Signature _____
 Print Full Name _____

Date

IMPORTANT NOTICE ALL STUDENTS

This Supplementary Application Form **MUST** be completed by all students who have received student financial assistance for the previous two(2) semesters and require assistance for the third(3rd) semester for this current student aid academic year (August 2007 - July 2008).

If you have **NOT** received student financial assistance for the previous two(2) semesters, then you are required to complete a regular full-time 2007-08 application. You are also required to submit a regular full-time application if your marital status or the institution you attended for the previous semester has changed.

Please ensure that all applicable areas of this Supplementary Application Form are accurately completed.

Did you know that the Newfoundland Student Loans website provides specific assessment information? Check out the results of your assessment on line at: www.edu.gov.nl.ca/studentaid.

REMINDER: IT IS THE RESPONSIBILITY OF THE STUDENT TO REPORT ANY CHANGES TO HIS/HER CURRENT SITUATION (i.e., personal, financial, etc.) FROM THAT PREVIOUSLY INDICATED ON THE REGULAR FULL-TIME APPLICATION. CONTACT STUDENT FINANCIAL SERVICES TO DETERMINE REQUIRED INFORMATION AND TO REPORT ANY CHANGES.

**DEADLINE FOR APPLYING:
EIGHT (8) WEEKS AFTER THE FIRST DAY OF CLASSES
FOR THE CURRENT SEMESTER**

Return this form to:

MAILING ADDRESS:
STUDENT FINANCIAL SERVICES DIVISION
DEPARTMENT OF EDUCATION
P.O. BOX 8700
ST. JOHN'S, NL A1B 4J6

OFFICE LOCATION:
COUGHLAN COLLEGE
MEMORIAL UNIVERSITY OF NEWFOUNDLAND
216 PRINCE PHILIP DRIVE
ST. JOHN'S, NL A1C 5S7

For more information, contact the Student Financial Services Office at one of the following:

E-mail: studentaid@gov.nl.ca

IVR: 1-888-657-0800 (Toll Free) or 729-4244 (Local)

Student Financial Services Office: 729-5849

Fax: 729-2298

Internet: www.edu.gov.nl.ca/studentaid