

## Instructions for Completing the 2007-08 Application

### Canada - Newfoundland and Labrador Integrated Student Loans Program

(version française disponible sur demande)

#### Before you start:

Please read the Information Guide carefully prior to completing your application. It contains a wealth of information you need to know when borrowing Canada-Newfoundland and Labrador Integrated Student Loans.

You will need to gather the following information before completing your application:

- Your Social Insurance Number
- Parental Income from Lines 150 and 236 of the 2006 Income Tax Notice of Assessment (for dependent students only)
- Parents' date of birth, Social Insurance Number, and postal code (for dependent students only)
- Your Employment/Education history for the past 5 years

The following instructions are meant to assist in guiding you through the completion of the application.

#### Section A - Personal Data

- Ensure you correctly enter your Social Insurance Number
- Provide complete mailing address - this is where we will send all correspondence

#### Section B - Program Information

- Where you study is important - please ensure the name of the institution, location, program of study and the year of study is completed
- You are encouraged to enroll in a 100% course load as this will provide maximum benefits for reducing your debt upon graduation see *Debt Reduction Grants, page 10 of the Information Guide* for complete details
- If you are unable to enroll in 100% course load, review the information on acceptable conditions to receive assistance - see *Reduced Course Load, page 2 of the Information Guide* for complete details
- You may need a Program Cost Form to verify associated costs and other relevant information - see *Program Cost Form, page 5 of the Information Guide* for complete details

#### Section C - Student Category

- Check all items which apply
- If no items apply, then you are a dependent student and must provide your parents' information in Section D and signatures in Sections K and M

#### Section D - Parental Information (For dependent students only)

- This is where you will need parental income information from Lines 150 and 236 of the 2006 Income Tax Notice of Assessment
- For each parent you will also need date of birth, Social Insurance Number, and postal code
- Be sure to include yourself in the list of dependents
- If applying online, you will need to submit "*Parent's Declaration, Consent and Signature Form*"

#### Section E - Residency Status

- Check the appropriate items that apply
- In order to receive student financial assistance from Newfoundland and Labrador, you must be a resident of the province - see *Residency, page 1 of the Information Guide* for complete details

## Section F - Employment/Education History

- The year and month that you left high school is required
- If you completed the Adult Education Program, please include start and end dates in the detailed requirements table
- If you have been in post-secondary for the past 2 or more years, this can be indicated on one line only. Just include the initial start date and your most recent end date
- Be sure to include your employment history - special attention to the summer periods and the 12 months preceding your original start date of post-secondary education

## Section G - Pre-study Information

- If you have earnings immediately preceding the start date of your study period, you are expected to save a portion of these earnings - see related information on **pages 7, 8, 9 and 14** of the *Information Guide* for complete details

## Section H - Study Information

- All earnings while you are attending school must be reported - see related information on **pages 7, 9 and 14** of the *Information Guide* for complete details

## Section I - Married/Common-Law/Single Parent Students

- Read the Declaration information carefully!
- Do not include your spousal information in this section
- Only include those persons dependent upon you during your study period
- If applying online, and if applicable, you will need to submit "*Spouse's Declaration, Consent and Signature Form*"

## Section J - Student's Declaration, Consent and Signature

- Read the *Declaration* information carefully!
- You must sign and print your name!
- If applying online, you will need to submit "*Student's Declaration, Consent and Signature Form*"

## Section K - Parents' Declaration, Consent and Signature

- Read the *Declaration* information carefully!
- If you are dependent (see Section C) your parent(s) must sign and print their name!
- If applying online, you will need to submit "*Parent's Declaration, Consent and Signature Form*"

## Section L - Spouses's Declaration, Consent and Signature

- Read the *Declaration* information carefully!
- If you are married/common-law, your spouse must sign and print his/her name!
- If applying online, you will need to submit "*Spouse's Declaration, Consent and Signature Form*"

## Section M - Canada Revenue Agency Authorization

- You, and, if applicable, your parent(s) or spouse must sign and print their name!
- While your loan will be processed, any awards which you are entitled to will not be released without this authorization

## Section N - Student's Consent to Release Personal Information

- We will need your authorization to speak to people on your behalf. Please indicate the name(s) of the person(s) to whom you are providing this authorization.

**Check the *Final Documentation Checklist* on the back inside cover for a list of important documents we may require to process your application**

## Application Form - Full Time Assistance

### Canada - Newfoundland and Labrador Integrated Student Loans Program

(version française disponible sur demande)

Application must be completed and signed in INK.

Ensure all required signatures and supporting documents are attached.

**Collection and Use of Information:** This personal information is collected under the authority of the *Canada Student Loans Act*, *Canada Student Financial Assistance Act*, and the *Student Financial Assistance Act* (Newfoundland and Labrador) as amended from time to time and will be used to determine and verify eligibility under the federal and provincial student financial assistance programs. If you have any questions about the collection and use of this information, contact the Director, Student Financial Services Division, Department of Education, Government of Newfoundland and Labrador, P.O. Box 8700, St. John's, NL, A1B 4J6 or (709) 729-5849.

This Area for Official Use Only

Date Received	Institution Code

### 2007-2008 Academic Year

## A. PERSONAL DATA

Social Insurance Number	Student Number (All students, if applicable)	E-mail Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Surname	First Name and Initial(s)	Maiden Name (If Applicable)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing Address #1 (Address in Canada to which you want all correspondence sent during your Study Period)			
<input type="text"/>			
City/Town	Province	Postal Code	Area Code and Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (yy/mm/dd)	Gender	Marital Status	
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married/Common-Law <input type="checkbox"/> Single Parent	

If your mailing address changes, be sure to notify the Student Financial Services Division immediately.

### Spouse (If Applicable - Married/Common-Law)

Surname	Social Insurance Number	Date of Birth (yy/mm/dd)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Gender	Province	Postal Code	Is your spouse a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>	Is your spouse applying for financial assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Permanent Address in Canada

Mailing Address #2  Same as #1 above

City/Town	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Area Code and Telephone Number		
<input type="text"/>		

If you are studying outside the country please advise the Student Financial Services Division via e-mail or fax of the address where you want your Certificate of Eligibility sent.

## B. PROGRAM INFORMATION

Name of Post-Secondary Institution you will attend

Location of Campus

Program of study for which you are presently enrolling

In which year of the program are you registering?

Is this program different from the program for which you last received assistance?  Yes  No  
If Yes, attach rationale for switch or new program.

Memorial University of Newfoundland Students - number of courses you are registering for in each semester:

Fall  Winter  Spring

All Other Students - percentage of a full course load you are registering for in each semester:

Fall  % Winter  % Spring  %

If you register for 60% of a full course load, are you aware that you may receive only the Canada portion of the Student Loan?  Yes  No

Start Date of Program:

Indicate the semester(s) for which you are requesting assistance (maximum 2 semesters). Indicate if semesters are workterms.

<input type="checkbox"/> Fall	<input type="checkbox"/> Paid Workterm	<input type="checkbox"/> Unpaid Workterm/ Internship
<input type="checkbox"/> Winter	<input type="checkbox"/> Paid Workterm	<input type="checkbox"/> Unpaid Workterm/ Internship
<input type="checkbox"/> Spring	<input type="checkbox"/> Paid Workterm	<input type="checkbox"/> Unpaid Workterm/ Internship

Are you applying as a student with a permanent disability?  Yes  No  
If Yes, please have the Verification of Permanent Disability Form completed (contained in this booklet)

If you are attending a school other than Memorial University, Marine Institute or College of the North Atlantic, your school must submit a **Program Cost Form** on your behalf.

To be eligible for provincial assistance, you are required to enroll in 80% of a full course load. All courses must be part of the program from which you will graduate.

If you are enrolling in less than 80% of a full course load, please complete the **Reduced Course Load Request Form** and submit it with this application, unless you only want to receive the federal portion of the student loan.

If you are applying for assistance for a paid workterm, details from your employer confirming the start and end dates and your gross weekly income must be submitted. **Funding cannot be released until this required information has been submitted.**

**Note:** On-the-job training is not considered a paid workterm.

**Permanent Disability** means a functional limitation caused by a physical or mental impairment that restricts the ability of a person to perform the daily activities necessary to participate in studies at a post-secondary school level or the labour market, and is expected to remain with the person for the person's expected life.

## C. STUDENT CATEGORY

If you do NOT check any of the following boxes, then you are a "Dependent Student" and your parent(s), guardian(s), or official sponsor(s) are required to complete Sections D, K and M of this application since their incomes will be considered as a resource in determining need. (see note 1.)

- I have been out of high school for four years (48 calendar months).
- Since leaving high school there has been two periods of 12 consecutive months when I was not a full-time student
- I am separated, divorced or widowed.
- I am married.
- I am a single parent (see note 2).
- I am living in a common-law relationship (see note 3). Date of Cohabitation:
- Both my parents are deceased.
- I have no legal guardian or sponsor. (Please provide explanation)
- 
- I am a participant in the Extended Youth Care Agreement with the Department of Health and Community Services (see note 4).

**Note 1:** Age of student is not a consideration in determining student status.

**Note 2:** Single parent students are required to submit confirmation of receiving Canada Child Tax Benefits. Confirmation can be obtained by calling **1-800-387-1193**.

**Note 3:** Those applying as Common-Law must attach a letter from a reliable independent third party confirming the 12 months of cohabitation (see Forms/Documents for further information).

**Note 4:** Individuals who have entered into an Extended Youth Care Agreement with the Department of Health and Community Services must attach a letter confirming the financial arrangement with the Department of Health and Community Services.

# D. PARENTAL INFORMATION (To be completed by parents of dependent students)

**Collection and Use of Information:** This personal information is collected under the authority of the *Canada Student Loans Act*, *Canada Student Financial Assistance Act*, and the *Student Financial Assistance Act* (Newfoundland and Labrador) as amended from time to time and will be used to determine and verify eligibility under the federal and provincial student financial assistance programs. If you have any questions about the collection and use of this information, contact the Director, Student Financial Services Division, Department of Education, Government of Newfoundland and Labrador, P.O. Box 8700, St. John's, NL, A1B 4J6 or (709) 729-5849.

## Parent #1

Indicate Gross Income (Line 150 of 2006 Income Tax Return):

Indicate Net Income (Line 236 of 2006 Income Tax Return):   
 If income is significantly less for 2007, submit a Student/Parental Appeal Form and provide proof of reduced income.

Surname  Given Name  Social Insurance Number

Date of Birth (yy/mm/dd)  Province  Postal Code   
 Gender  Male  Female

Your relationship to the applicant:  
 Parent  Step-Parent  Official Sponsor  Other, Please Specify:

Your marital status:  
 Married  Divorced  Separated  Widowed  Other:

In the case of divorced/separated parents, are you maintaining two separate residences?  Yes  No

## Parent #2

Indicate Gross Income (Line 150 of 2006 Income Tax Return):

Indicate Net Income (Line 236 of 2006 Income Tax Return):   
 If income is significantly less for 2007, submit a Student/Parental Appeal Form and provide proof of reduced income.

Surname  Given Name  Social Insurance Number

Date of Birth (yy/mm/dd)  Province  Postal Code   
 Gender  Male  Female

Your relationship to the applicant:  
 Parent  Step-Parent  Official Sponsor  Other, Please Specify:

Your marital status:  
 Married  Divorced  Separated  Widowed  Other:

## Dependent Information

Dependent(s) Name	Age	Relationship to You	Attending Post-Secondary?		Social Insurance Number (If attending post-secondary)
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	

Information from both biological parents is required. If this section is not completed by a second parent, your application will only be processed if there are legitimate exceptional circumstances where there is no contact with the other parent. A satisfactory written explanation by the parent with whom you reside must be submitted.

List all dependent persons (including the applicant) that you will be supporting from August 1, 2007 - July 31, 2008. In listing the dependent persons you will be supporting, do not include your spouse, those who are full-time members of the workforce, or those who are applying for student financial assistance as "Independent Students".

## E. RESIDENCY STATUS

Please answer all questions. If not applicable, answer no.

- I am a Canadian Citizen  Yes  No
- I have immigrated to Canada and I am a Permanent Resident (Attach a copy of your Permanent Resident Card - PRC)  Yes  No
- I am a Protected Person (attach document)  Yes  No
- My parents live in Newfoundland and Labrador  Yes  No
- Prior to attending post-secondary, the last place I lived for 12 consecutive months was Newfoundland and Labrador (see note)  Yes  No
- My spouse has lived in Newfoundland and Labrador for the last 12 months and did not attend a post-secondary educational institution  Yes  No

If you are in Canada on a Student Visa you are not eligible to apply for Canada - Newfoundland and Labrador Integrated Student Loans.

If your status is that of a **Protected Person**, please ensure your documentation is valid for the entire study period.

**Note:** If there was a break in study, the 12 months represents the period directly preceding the start date of your most recent program.

## F. EMPLOYMENT/EDUCATION HISTORY

Date left high school (yy/mm)  Highest grade/level completed  Province in which you left high school  Date last attended post-secondary full-time (yy/mm)

Is this the first time attending a post-secondary educational Institution?  Yes  No  
Adult Basic Education (ABE) is not considered post-secondary.

Indicate your employment and educational history since leaving high school. Information for the last five (5) years is required.

From (yy/mm)	To (yy/mm)	Work/School	Unemployed/Employer/Educational Institution	Province	Full/Part-Time
e.g. 02/09	04/05	Work <input checked="" type="radio"/> School <input checked="" type="radio"/>	ABC	NL	<input checked="" type="radio"/> Full <input type="radio"/> Part
e.g. 05/05	07/08	Work <input checked="" type="radio"/> School <input checked="" type="radio"/>	XYZ	NL	<input checked="" type="radio"/> Full <input type="radio"/> Part
		Work <input type="radio"/> School <input type="radio"/>			<input type="radio"/> Full <input type="radio"/> Part
		Work <input type="radio"/> School <input type="radio"/>			<input type="radio"/> Full <input type="radio"/> Part
		Work <input type="radio"/> School <input type="radio"/>			<input type="radio"/> Full <input type="radio"/> Part
		Work <input type="radio"/> School <input type="radio"/>			<input type="radio"/> Full <input type="radio"/> Part
		Work <input type="radio"/> School <input type="radio"/>			<input type="radio"/> Full <input type="radio"/> Part
		Work <input type="radio"/> School <input type="radio"/>			<input type="radio"/> Full <input type="radio"/> Part

Persons residing in Newfoundland and Labrador who are not in full-time study, are considered to be in the workforce, including time in receipt of Employment Insurance Benefits.

Complete this section for all work, school and periods of unemployment for the last five years.

## G. PRE-STUDY INFORMATION

### Living Arrangements:

During the pre-study period, did you live with parents/spouse/children?  Yes  No  
If no, please indicate where you lived.

City/Town  Province

If at home, indicate the number of kilometers to your place of employment.  km

Please state the expected gross income from all sources for the pre-study period for you and your spouse (Income includes employment earnings, tuition vouchers - i.e., SWASP plus stipend, EI payments, pension income, interest etc.)

Applicant (Gross Income)  Spouse (Gross Income)

The "Pre-Study Period" is the period of time (minimum of 4 weeks and maximum of 17 weeks) immediately before the first day of classes for the current academic year.

If you are or will be in receipt of a tuition voucher(s), please indicate the amount of the voucher and the stipend.

## H. STUDY PERIOD INFORMATION

### Living Arrangements:

During the study period, will you live at home with parents/spouse/children?  
If no, please indicate where you will live.

Yes  No

City/Town

Province

If at home, indicate the number of kilometers to school (see Notes 1 and 2).

 km

For **married students**, indicate where the family home is maintained:

City/Town

Province

### Income During the Study Period:

	Applicant	Spouse (If Applicable)
Income from Employment (see Note 3)	<input type="text"/> Gross Weekly	<input type="text"/> Gross Weekly
Income from Employment Insurance (attach form) (see Note 4)	<input type="text"/> Gross Weekly	<input type="text"/> Gross Weekly
Skills Development Living Allowance (attach form) (see Note 5)	<input type="text"/> Gross Weekly	<input type="text"/> Gross Weekly
Skills Development Training Allowance (combined total) (see Note 5)	<input type="text"/> Per Semester	<input type="text"/> Per Semester
Alimony/Maintenance Payments (you and your child)	<input type="text"/> Gross Weekly	<input type="text"/> Gross Weekly
Canada Pension/DVA Allowance	<input type="text"/> Gross Monthly	<input type="text"/> Gross Monthly
Monthly Income Support (HRLE)	<input type="text"/> Gross Monthly	<input type="text"/> Gross Monthly
Scholarship(s) excluding the Canada Millennium Bursary. Indicate time frame. (see Note 6)	<input type="text"/>	<input type="text"/>
Bursaries/Fellowships (total value). Indicate time frame. (see Note 6)	<input type="text"/>	<input type="text"/>
Educational Scholarship Trust Fund (includes RESP) Amount withdrawn during 2007/2008 academic year (see Note 6)	<input type="text"/>	<input type="text"/>
Investment/Assets/Savings (total value) Please specify: _____ (e.g. GIC, CSB)	<input type="text"/>	<input type="text"/>
RRSP (total value)	<input type="text"/>	<input type="text"/>
Other Income (Workers' Compensation, Organizational Sponsorship, financial assistance from another province or country, etc.) Please Specify: _____ (see Note 7)	<input type="text"/>	<input type="text"/>

The "Study Period" is the period of time you will be enrolled as a full-time student and for which you are now applying for assistance.

**Note 1:** If the educational institution you are attending is within 25 kilometers of the family home, and you are a dependent or married/common-law student, you will be assessed as living at home.

**Note 2:** If the Educational Institution you are attending is more than 25 kilometers from your family home and you continue to live at home while attending school, your application will be assessed to allow additional transportation costs.

**Note 3:** Attach confirmation of your **workterm income**, if applicable. Confirmation of workterm income must be provided by your employer or educational institution (where acceptable).

**Note 4:** If you are receiving EI Benefits during the study period, please submit the Employment Insurance Information Form.

**Note 5:** If you are receiving Skills Development funding for tuition, books, living allowance, etc., please submit the Skills Development Information Form.

**Note 6:** Attach confirmation if received over more than one semester.

**Note 7:** If you are receiving funding from an organization other than HRSD, you must submit a letter from the source detailing the financial arrangements on a semesterized basis.

## I. MARRIED/Common-Law/Single Parent Students

Dependent(s) Name	Date of Birth (yy/mm/dd)	Attending Post-Secondary?		Social Insurance Number (If attending post-secondary)
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	

List all persons dependent upon you during your study period excluding your spouse.

If you have not previously submitted a copy of the birth or baptismal certificate indicating both parents names for each dependent listed, you are required to do so.

Single parents must provide confirmation of Canada Child Tax Benefit.

<b>Weekly Daycare Costs:</b>	Pre-Study Period	Paid by HRLE/HCS	Study Period	Paid by HRLE/HCS
	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Written confirmation of partial or no daycare support is required.

# J. STUDENT'S DECLARATION, CONSENT AND SIGNATURE

Prior to this application, did you receive a: Canada Student Loan?  Yes  No

Newfoundland and Labrador Student Loan?  Yes  No

**I declare that:**

- the information given on this application is true and complete, and I understand it is subject to audit.
- I will use any assistance provided to pay for the education and living costs associated with my program of studies.
- I will not apply for nor accept financial assistance from any other province or territory for the same period for which I am applying for assistance in this application.

**I agree to:**

- immediately notify Student Financial Services Division, Department of Education in writing of any change in my address, marital, financial or academic status or study period, or any change in the address or financial status of my parents, guardians, sponsors, or spouse/partner.
- provide additional information or documents as requested by Student Financial Services Division, Department of Education to verify information provided in this application.
- the recovery of any overaward if it is determined that my assessment is inaccurate, even if the inaccuracy is the result of an inadvertent error on my part, or on the part of my parents, official sponsor, spouse, educational or financial institution, or on the part of Student Financial Services Division, Department of Education.

**I understand that:**

- if I make a false or misleading statement in this application, or fail to disclose information as requested by Student Financial Services Division, Department of Education, I may be denied financial assistance, and/or subject to criminal prosecution.
- failure to disclose information or provide updated information as requested by Student Financial Services Division, may constitute the making of a false or misleading statement.

### Consent to Indirect Collection and Disclosure of Personal Information

**I consent to:**

- the disclosure and exchange of my personal information by and between the Government of Newfoundland and Labrador (Student Financial Services Division, Department of Education) and the Government of Canada (Department of Human Resources and Skills Development styled Department of Human Resources and Social Development), the Canada Millennium Scholarship Foundation, any other federal, provincial, municipal government department or agency including the Student Loan Corporation of Newfoundland and Labrador and my educational and financial institutions and any credit reporting agency to verify any information I have provided to the Student Financial Services Division, Department of Education to determine my eligibility for financial assistance under the provincial and federal student financial assistance programs and administer the said programs.
- the disclosure and exchange of my personal information by and between the Government of Newfoundland and Labrador (Student Financial Services Division, Department of Education) the Government of Canada (Department of Human Resources and Skills Development styled Department of Human Resources and Social Development) and the Canada Millennium Scholarship Foundation for use in research, statistical analysis, and evaluation related to student financial assistance programs.
- the verification of my personal information provided in support of my application for federal and provincial student financial assistance with information contained in Human Resources and Skills Development (HRSD) Social Insurance Register. This information will be disclosed to HRSD for the purpose of confirming the accuracy of my identification in the context of my application for provincial and federal student financial assistance.
- the disclosure and exchange of my personal information by and between Student Financial Services Division, Department of Education and the Department of Human Resources, Labour and Employment (Government of Newfoundland and Labrador) to verify the amount of monthly income support I or my family unit receives for the purpose of determining my eligibility for provincial and federal student financial assistance.
- the disclosure and exchange of my personal information, including my academic record and status for the period stated in this application and previous periods for which I received financial assistance under the Newfoundland and Labrador Student Financial Assistance Program ("Program), by and between the Government of Newfoundland and Labrador (Student Financial Services Division, Department of Education) and my educational institution to determine eligibility for and administer debt reduction or other financial assistance under the Program.

Legal Signature of Applicant

Social Insurance Number

Date

Print Full Name

**Must Sign in Ink!**

**Applications NOT  
signed will be returned**



## K. PARENTS' DECLARATION, CONSENT AND SIGNATURE

I have given complete and true information. I will notify the Student Financial Services Division, in writing, if my financial situation changes. I am not liable for loans given to the applicant.

I consent to the disclosure and exchange of my personal information by and between the Government of Newfoundland and Labrador (Student Financial Services Division, Department of Education), the Government of Canada (Department of Human Resources and Skills Development styled Department of Human Resources and Social Development) and the Canadian Millennium Scholarship Foundation for use and research, statistical analysis and evaluation related to student financial assistance programs.

Legal Signature of Parent

Date

Print Full Name

Legal Signature of Parent

Date

Print Full Name

If you are a dependent student, your parents must sign this section. Without the appropriate signatures, your application will be returned to you.

**Note: The original signatures of both parents in ink are required, if applicable.**

## L. SPOUSE'S DECLARATION, CONSENT AND SIGNATURE

I have given complete and true information. I will notify the Student Financial Services Division, in writing, if my financial situation changes. I am not liable for loans given to the applicant.

I consent to the disclosure and exchange of my personal information by and between the Government of Newfoundland and Labrador (Student Financial Services Division, Department of Education), the Government of Canada (Department of Human Resources and Skills Development styled Department of Human Resources and Social Development) and the Canadian Millennium Scholarship Foundation for use and research, statistical analysis and evaluation related to student financial assistance programs.

I consent to the disclosure and exchange of my personal information by and between Student Financial Services Division, Department of Education, and the Department of Human Resources, Labour and Employment (Government of Newfoundland and Labrador) to verify the amount of monthly income support I or my family unit receives for the purpose of determining my spouses eligibility for provincial and federal student financial assistance.

Legal Signature of Spouse

Date

Print Full Name

If you are a married or common-law student, your spouse must sign this section. Without the appropriate signature, your application will be returned to you.

# M. CANADA REVENUE AGENCY AUTHORIZATION

This tax release declaration authorizes the Canada Revenue Agency to release to the Student Financial Services Division, Department of Education, information from my income tax returns and other taxpayer information. The information will be relevant to, and used solely for the purposes of determining and verifying my eligibility, and for the general administration and enforcement of the Student Financial Assistance Programs under the *Canada Student Loans Act*, *Canada Student Financial Assistance Act* and *Student Financial Assistance Act* (Newfoundland and Labrador). This information will not be disclosed to any other person or organization without my prior approval.

**Applicant:** This Authorization is valid for the taxation year prior to the year of signature of this Consent, the year of signature, and each subsequent consecutive taxation year for which assistance is requested.

**Applicant's Spouse:** This Authorization is valid for the taxation year prior to the year of signature of this Consent, the year of signature, and each subsequent consecutive taxation year for which my spouse requests assistance.

**Applicant's Parent(s):** This Authorization is valid for the taxation year prior to the year of signature of this Consent, the year of signature, and each subsequent consecutive taxation year for which the Applicant requests assistance while defined as a dependent under student financial assistance guidelines.

Legal Signature of Applicant

Date

Print Full Name

Legal Signature of Parent or Spouse

Date

Print Full Name

Legal Signature of Parent or Spouse

Date

Print Full Name

**Dependent Students:** You and your parents must sign this section.

**Independent and Single Parent Students:** You must sign this section.

**Married students/common-law:** You and your spouse must sign this section.

**Must Sign in Ink!**

Applications NOT  
signed will be returned

# N. STUDENT'S CONSENT TO RELEASE PERSONAL INFORMATION

If you wish to have personal and financial information from your Canada / Newfoundland Integrated Student Loan file held at Student Financial Services Division, Department of Education, Government of Newfoundland and Labrador shared with anyone other than yourself (e.g., your parent[s] or spouse), complete all lines in the section below and sign your consent. This consent applies to all information in your file for the 2007/08 academic year and all prior academic years. This consent is valid during the 2007/08 academic year only.

Student's Name

Social Insurance Number

Date of Birth (yy/mm/dd)

Signature

Date

## Third Party #1

Surname

First Name and Initial(s)

City/Town

Province

Postal Code

Area Code and Telephone Number

## Third Party #2

Surname

First Name and Initial(s)

City/Town

Province

Postal Code

Area Code and Telephone Number

## Third Party #3

Surname

First Name and Initial(s)

City/Town

Province

Postal Code

Area Code and Telephone Number