

## SUBMIT YOUR COMPLETED 2017-18 STUDENT FINANCIAL ASSISTANCE APPLICATION TO:

Student Financial Services  
Department of Post-Secondary Education, Training and Labour  
PO Box 6000, 440 King St.  
Fredericton, NB E3B 5H1

Fax: 506-444-4333

If you are faxing this form, ensure that you send both sides of the pages.

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### HELPFUL NOTES TO STUDENTS FOR FILLING OUT THE APPLICATION

- Your completed application, with all required information, must be received a minimum of **eight weeks** before the start date of your program in order to receive notice of your funding for the start of classes.
- If your application is received without all necessary supporting documentation applicable to your situation, it will not be processed and a letter will be sent requesting the missing information. This may delay receipt of your funding. 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

Students with a permanent disability are considered full-time students when studying in at least 40% of a course load. A *Request for Program Information* form is required to be completed by the post-secondary educational institution you plan to attend to verify the amount of tuition, student fees and book costs associated with the course load which you plan to complete. This form is available at [studentaid.gnb.ca](http://studentaid.gnb.ca). You can ask your educational institution to forward the completed form directly to SFS.

If you have a permanent disability, and you have not previously been approved for funding as a student with permanent disabilities by this office, you must attach a completed *Medical Assessment Form* to your application. This form is available at [studentaid.gnb.ca](http://studentaid.gnb.ca).

#### NOTE # 2 – 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.

- Provide a **clear copy** of both sides of your Permanent Resident (PR) card which must be valid for the entire study period for which you are applying for financial assistance; **or** a copy of your landing document.
- 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.

#### NOTE # 3 – PROTECTED PERSONS OF CANADA

You are able to apply for assistance immediately upon receiving your Protected Person Status Document (PPSD) and your Social Insurance Number (SIN) that begins with a “9”. 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 Person Status Document (PPSD), which must be valid for the entire study period for which you are applying for financial assistance; **or** a copy of the Notice of Decision issued by the Immigration and Refugee Board; **or** a copy of the Verification of Status document from Citizenship and Immigration Canada; **and**

- A **clear copy** of your SIN document that begins with a “9” must be submitted with your application. If you do not have a SIN document, you must get one before you can apply for student financial assistance. Like your PPSD, your SIN document must be valid for the entire study period for which you are applying for financial assistance.

#### **NOTE # 4 – DEPENDANTS**

Dependants are:

- any children who are 18 years or younger and are wholly dependent on the parent(s) for support and for whom the parent or the parent’s partner, in law or in fact, have the custody and control; or
- any children who are in a full-time program at a secondary school or a post-secondary educational institution and who fit in the Dependent Student Category (see “SECTION 2 – STUDENT CATEGORY” of the application); or
- anyone claimed on the 2016 Income Tax Return as wholly dependent other than your partner. Provide a copy of the most recent tax form substantiating Canada Revenue Agency approval of the wholly dependent person.

If you are a **dependent student** and your sibling is also attending a post-secondary educational institution but is not applying for student financial assistance, the expected parental contribution will be divided by the number of dependants enrolled in full-time studies if you submit proof of your sibling’s enrolment at a designated post-secondary educational institution.

If there are two or more **dependent students** in the family applying for student financial assistance, the applications should be submitted at the same time.

If you are a **single parent student** or a **married/common-law student** with a dependant 12 years of age or older who is disabled, proof of the disability in the form of a medical certificate or documentation proving receipt of federal or provincial disability assistance is required. This proof must be sent with your application in order for you to be considered for the Canada Student Grant for Students with Dependants.

#### **NOTE # 5 – PARTNER’S CONTRIBUTION**

If you are a married/common-law student, you can choose whether or not to include your partner’s income in your application for financial assistance.

If you **do provide** your partner’s income, you will be assessed for all federally and provincially-funded programs listed in the Information Guide (as applicable). A partner contribution, if any, will not be used for the purpose of determining your need for New Brunswick Student Loan.

Partners who are full-time students, partners in receipt of Employment Insurance (EI) benefits or social assistance, and partners in receipt of federal or provincial/territorial permanent disability benefits, are exempt from providing the partner contribution.

If you choose **not to include** your partner’s income, you will be assessed for New Brunswick Student Loan only (up to \$140 per week of study).

#### **NOTE # 6 – PERSONS IN PERMANENT CARE**

You are considered an Independent Student if you are receiving, or have received, support from the Department of Social Development under one of the permanent care support programs detailed below.

- **Child in Permanent Care:** refers to a child under the permanent legal care, control and supervision of the Department of Social Development either by Court order or voluntary agreement between the Department and a child’s parents or guardians.
- **Post Guardianship agreement:** refers to any child who has been under a guardianship order or agreement, after they reach the age of 19 and up until the age of 24, provided that the young person is enrolled in an educational program.
- **Voluntary Care Support agreement:** the Department of Social Development may enter into a Voluntary Care Support agreement with a former youth in care. This agreement may be entered with a youth who upon reaching their 19th birthday had a guardianship status left the care of the Minister and prior to their 21<sup>st</sup> birthday is accepted by a post-educational institution into a program of full-time studies.

This also includes those who were adopted or returned to their birth families after the expiration of a guardianship order/agreement.

## NOTE # 7 – PARENTAL CONTRIBUTION

If you are a dependent student, you can choose whether or not to include your parent's income in your application for financial assistance.

If you **do provide** your parent's income, you will be assessed for all federally and provincially-funded programs listed in the Information Guide (as applicable). A parental contribution will not be used for the purpose of determining your need for New Brunswick Student Loan.

If you choose **not to include** your parent's income, you will be assessed for New Brunswick Student Loan only (up to \$140 per week of study).

## NOTE # 8 – INDIGENOUS PERSONS OF CANADA

An Indigenous 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.

Students who self-identify as Indigenous learners are exempt from making a fixed student contribution. (For more information see "How Your Assistance is Calculated" in the Information Guide at [www.studentaid.gnb.ca](http://www.studentaid.gnb.ca)). As well, the Post-Secondary Student Support Program (PSSSP) funding provided by Indigenous and Northern Affairs Canada are exempt from consideration in the need assessment process.

## NOTE # 9 – REQUEST FOR PROGRAM INFORMATION FORM

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. This form is available at [studentaid.gnb.ca](http://studentaid.gnb.ca).

If you are applying:

- for a period of study which includes a co-op work term;
- to attend INTERSESSION and/or SUMMER SESSION at a university;
- for studies at the MASTER or Ph.D. level;
- as a student with a permanent disability (see also **NOTE # 1**);
- to attend any private post-secondary educational institution located outside New Brunswick;
- to attend any educational institution located in Quebec;
- to attend a public post-secondary educational institution outside of Canada.

Students attending a private post-secondary educational institution located in New Brunswick will need to contact their institution to determine if a *Request for Program Information* form is required.

The completed form should be submitted to SFS to avoid delays in processing your application. You can ask your educational institution to forward the completed form directly to SFS.

## NOTE # 10 – STUDY PERIOD TARGETED RESOURCES

This year, rather than considering your financial assets, pre-study income, and income while in school, you will be assessed for a fixed student contribution amount. On your application include only funding you are receiving specifically targeted to cover education costs. Targeted funds could be paid directly to your educational institution (for instance, to cover tuition), or they could be paid directly to you.

**Exception:** *The Post-Secondary Student Support Program (PSSSP) funding provided by Indigenous and Northern Affairs Canada is exempted.*

## NOTE # 11 – TRAINING AND SKILLS DEVELOPMENT

The Training and Skills Development (TSD) program ensures that case managed individuals, whose employment action plan identifies skill development as being necessary, have access to funding to assist them in achieving their goal.

The program provides financial assistance to individuals who enroll and participate in education and skills training programs. The program is determined to be the shortest training path in order to obtain the skills necessary to either successfully transition into today's labour market or obtain/maintain long-term sustainable full-time employment. See Quick Links, Training and Skills Development, at [studentaid.gnb.ca](http://studentaid.gnb.ca).

# NEW BRUNSWICK STUDENT FINANCIAL ASSISTANCE APPLICATION FOR FULL-TIME STUDY 2017-2018



*For classes beginning between August 1, 2017 and July 31, 2018*

- This application must be completed by the STUDENT in INK. Print clearly.
- 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 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.

## SECTION 1 – PERSONAL INFORMATION

Social Insurance Number  Date of Birth 

|      |    |    |
|------|----|----|
| YYYY | MM | DD |
|------|----|----|

Legal First Name \_\_\_\_\_ Legal Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Gender Male  Female  Language English  French

Your Marital Status (as of the first day of classes)  
Single  Married  Common-law  Separated  Divorced  Widowed

### Your Mailing Address

### Your Permanent Address

Complete this section if your permanent address is different from your mailing address

\_\_\_\_\_  
Civic (Street) Address or P.O. Box Apt. No.

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Province/Territory Country Postal Code

(\_\_\_\_\_) \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Civic (Street) Address or P.O. Box Apt. No.

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Province/Territory Country Postal Code

(\_\_\_\_\_) \_\_\_\_\_  
Telephone No.

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

Are you a Canadian citizen? Yes  No

If **No**, are you a Permanent Resident (see **NOTE # 2**)? Yes  No

Date you arrived in Canada 

|      |    |    |
|------|----|----|
| YYYY | MM | DD |
|------|----|----|

 Date you arrived in New Brunswick 

|      |    |    |
|------|----|----|
| YYYY | MM | DD |
|------|----|----|

Are you a Protected Person of Canada (see **NOTE # 3**)? Yes  No

Date you arrived in Canada 

|      |    |    |
|------|----|----|
| YYYY | MM | DD |
|------|----|----|

 Date you arrived in New Brunswick 

|      |    |    |
|------|----|----|
| YYYY | MM | DD |
|------|----|----|

Have you previously cashed a student loan from New Brunswick? Yes  No  Latest year cashed \_\_\_\_\_

Have you previously cashed a government student loan from a province or territory other than New Brunswick? Yes  No

If Yes, from which Province or Territory \_\_\_\_\_ Latest year cashed \_\_\_\_\_

### INCOME TAX INFORMATION

Did you file a 2016 Income Tax Return? Yes  No

Were you employed in 2016? Yes  No

The amount showing on line 150 of your 2016 Income Tax Return is required.  
**Enter “0” if there is no amount reported/to be reported.**

Total Income  
150 \$

If you have not yet filed your tax return, provide the information that you will be reporting on this line number.

## SECTION 2 – STUDENT CATEGORY

SIN 

To correctly complete this application, you must first determine 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.

**NOTE: Selecting the wrong student category will cause a significant delay in the processing of your application. You should have only one statement marked ✓, and it must be beside the first statement that is true to your situation.**

Your student category is:

- **Married or Common-law** If you and your partner are:
  - Legally married; **or**
  - Receiving social assistance as a family unit from the Department of Social Development and currently living common-law; **or**
  - In a common-law relationship and claimed your marital status as common-law on your 2016 Income Tax Return; **or**
  - The parents of one or more children, and have physical custody and responsibility for the dependent children who live with you (see **NOTE # 4**).

If you checked one of the statements above, you are considered a **Married or Common-law** student.

Indicate below if you wish to apply for all funding programs available or if you wish to apply for New Brunswick Student Loan only (see **NOTE # 5**).

I am applying for full consideration under the Canada and New Brunswick Student Loan Programs. You must complete Sections 1 to 6, Section 7D, Section 9 and Section 10.

I am applying for New Brunswick Student Loan only. You must complete Sections 1 to 6, Section 8B and Section 9.

If you did not check a statement above, go to the next student category.

- **Single Parent** If you:
  - Have physical custody and responsibility of one or more dependent children who live with you at least 50% of the time (see **NOTE # 4**); and are not married or common-law.

If you checked the statement above, you are considered a **Single Parent** student. You must complete Sections 1 to 6, Section 7C and Section 9.

If you did not check a statement above, go to the next student category.

- **Independent Student** If you do not have physical custody and responsibility of dependent children (see **NOTE # 4**), **and** you:
  - Have been out of high school for at least two years and have completed two periods of 12 consecutive months in the labour force (working, actively seeking employment or receiving Employment Insurance benefits) while not studying full-time at a post-secondary educational institution; **or**
  - Have graduated or have been out of high school for **four** years or more – as an example, you graduated from high school in 2013 or earlier and your study period begins in September 2017; **or**
  - Are currently or have been a person in permanent care with the Department of Social Development (see **NOTE # 6**), **or**
  - Are receiving, or have received, financial assistance under Youth Engagement Services (YES) from the Department of Social Development, **or** have no parent, guardian, sponsor or other supporting relative due to death or disappearance; **or**
  - Are no longer married or in a common-law relationship.

If you checked one of the statements above, you are considered an **Independent Student**. You must complete Sections 1 to 6, Section 7B and Section 9.

If you did not check a statement above, go to the next student category.

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

Indicate below if you wish to apply for all funding programs available or if you wish to apply for New Brunswick Student Loan only (see **NOTE # 7**).

I am applying for full consideration under the Canada and New Brunswick Student Loan Programs. You must complete Sections 1 to 6, Section 7A, Section 9 and Section 10.

I am applying for New Brunswick Student Loan only. You must complete Sections 1 to 6, Section 8A and Section 9.

**SELF-DECLARATION** (see **NOTE # 8**).

*The following information is voluntary.*

**Indigenous Ancestry**

Indigenous people are those who identify themselves to be North American Indian, Treaty/Registered/Status Indian, Non-Status Indian, Métis or Inuit. Based on this definition, **do you consider yourself to be of Indigenous ancestry?**

Yes  No 

If yes, please indicate below which group you belong to.

Métis       Non-Status Indian       Inuit       Treaty/Registered/Status Indian

**Visible Minority Status**

Visible minority persons are persons other than Indigenous people, who are people of colour. For example: African, Chinese, Korean or Pacific Islander ancestry. Based on this definition, **do you consider yourself to be a visible minority person?**

Yes  No

### SECTION 3 – RESIDENCY

SIN 

You must apply for student financial assistance to the province/territory in which you are considered a resident. (Permanent Resident – see NOTE # 2; Protected Person of Canada – see NOTE # 3.) 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 2017-2018 academic year.

Province / Territory (or Country, if outside Canada) \_\_\_\_\_

If outside New Brunswick, indicate dates  
from \_\_\_\_\_ to \_\_\_\_\_  
YYYY MM YYYY MM

- (ii) If your parent lives/lived outside Canada – i.e. with the Armed Forces – indicate where your parent last resided or maintained the family home for 12 consecutive months before leaving Canada.

Province / Territory (or Country, if outside Canada) \_\_\_\_\_

If outside New Brunswick, indicate dates  
from \_\_\_\_\_ to \_\_\_\_\_  
YYYY MM YYYY MM

- (iii) If you did not indicate New Brunswick in section (i) or section (ii), 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 section (ii), or answered yes to section (iii), you are considered a New Brunswick resident. Go to Section 4. If you did not indicate New Brunswick in section (i) or section (ii), or answered no to section (iii), you are **not** considered a resident of New Brunswick. You must apply to the province/territory you have indicated.

• **Single Parent or Independent**

Indicate the last province or territory in Canada you lived for 12 consecutive months prior to the first day of your study period for the 2017-2018 academic year (while not studying full time at a post-secondary educational institution).

Province / Territory \_\_\_\_\_

If outside New Brunswick, indicate dates  
from \_\_\_\_\_ to \_\_\_\_\_  
YYYY MM YYYY MM

If you indicated New Brunswick you are considered a resident of New Brunswick. Go to section 4. If you did not indicate New Brunswick, you must apply to the province/territory you have indicated.

• **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.

- 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 the statements above applies to your situation, complete the following:

As of the first day of your study period for the 2017-2018 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 outside Canada) \_\_\_\_\_

If outside New Brunswick, indicate dates  
from \_\_\_\_\_ to \_\_\_\_\_  
YYYY MM YYYY MM

- (ii) **Partner**

Province / Territory (or Country, if outside Canada) \_\_\_\_\_

If outside New Brunswick, indicate dates  
from \_\_\_\_\_ to \_\_\_\_\_  
YYYY MM 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. Go to Section 4. If you did not indicate New Brunswick, you must apply to the province/territory you have indicated.





## SECTION 5 – EDUCATIONAL HISTORY

SIN

Name of High School \_\_\_\_\_ City or Town \_\_\_\_\_ Province/Territory \_\_\_\_\_

Graduated from High School \_\_\_\_\_ or \_\_\_\_\_ Left High School \_\_\_\_\_ Highest Grade completed \_\_\_\_\_  
(up to Grade 12)  
\_\_\_\_\_|\_\_\_\_\_  
YYYY MM                      YYYY MMHave you received Grade 12 equivalency (GED)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, indicate date \_\_\_\_\_  
\_\_\_\_\_|\_\_\_\_\_  
YYYY MM

Have you ever enrolled full-time at a Post-Secondary Educational Institution? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, and you are a first-time New Brunswick student loan applicant, provide the following detailed information for **each year** you have attended a Post-Secondary Educational Institution as a **full-time student**.

**Note: 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.**

Faculty  
Year \_\_\_\_\_ Level of Study \* \_\_\_\_\_ and Major \_\_\_\_\_ Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_  
Did you receive a Canada Student Loan during this study period? Yes \_\_\_\_\_ No \_\_\_\_\_Name of Institution \_\_\_\_\_  
Name of Program \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
\_\_\_\_\_|\_\_\_\_\_  
YYYY MM                      YYYY MMFaculty  
Year \_\_\_\_\_ Level of Study \* \_\_\_\_\_ and Major \_\_\_\_\_ Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_  
Did you receive a Canada Student Loan during this study period? Yes \_\_\_\_\_ No \_\_\_\_\_Name of Institution \_\_\_\_\_  
Name of Program \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
\_\_\_\_\_|\_\_\_\_\_  
YYYY MM                      YYYY MMFaculty  
Year \_\_\_\_\_ Level of Study \* \_\_\_\_\_ and Major \_\_\_\_\_ Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_  
Did you receive a Canada Student Loan during this study period? Yes \_\_\_\_\_ No \_\_\_\_\_Name of Institution \_\_\_\_\_  
Name of Program \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
\_\_\_\_\_|\_\_\_\_\_  
YYYY MM                      YYYY MMFaculty  
Year \_\_\_\_\_ Level of Study \* \_\_\_\_\_ and Major \_\_\_\_\_ Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_  
Did you receive a Canada Student Loan during this study period? 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 study period:                      **1 = Certificate**    **2 = Diploma**    **3 = Bachelor**    **4 = Master**    **5 = PhD**

## SECTION 6 – STUDY PERIOD TARGETED RESOURCES

SIN

Your study period is the period while you are in class.

Do you or will you have any of the following targeted financial resources during your **study period**? (See **NOTE # 10**.) You do **NOT** need to include the following resources: savings, RRSPs, RESPs, employment income, Social Assistance benefits, Employment Insurance (EI) benefits, CPP/ QPP benefits, Canada child benefit or PSSSP funding provided by Indigenous and Northern Affairs Canada.

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:

- Scholarships/Bursaries – *do not include any expected from New Brunswick Student Financial Assistance* \$ \_\_\_\_\_ **Source** \_\_\_\_\_  
\$ \_\_\_\_\_ **Source** \_\_\_\_\_
- Tuition reduction/Family discount – 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 targeted resource you will have during this study period. (For example, if you are receiving funding from an employer to attend post-secondary studies.) \$ \_\_\_\_\_ **Source** \_\_\_\_\_
- Have you met or are you planning to meet with an Employment Counsellor concerning Training and Skills Development (TSD) funding for your program of study (see **NOTE # 11**)? Yes \_\_\_\_ No \_\_\_\_

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

**SECTION 7A – DEPENDENT STUDENTS**

SIN

1. List all dependants in your family unit (see **NOTE # 4**). Do not list yourself or your parents.

**Dependants not enrolled in post-secondary studies**

| First Name | Relationship to you | Age |
|------------|---------------------|-----|
|            |                     |     |
|            |                     |     |
|            |                     |     |

**Dependants enrolled in post-secondary studies**

| First Name | Relationship to you | Age | Social Insurance Number | Name of Post-Secondary Educational Institution | Dates of Study |              | Also applying for student financial assistance |
|------------|---------------------|-----|-------------------------|--|----------------|--------------|--|
|            |                     |     |                         |  | From (YYYY/MM) | To (YYYY/MM) |  |
|            |                     |     |                         |  |                |              | Yes ___ No ___                                 |
|            |                     |     |                         |  |                |              | Yes ___ No ___                                 |
|            |                     |     |                         |  |                |              | Yes ___ No ___                                 |

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

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

4. **Financial Information:** You are required to provide the amounts showing on the following line numbers of your parent's 2016 Income Tax Return(s). If they have not yet filed their tax return(s), provide the information that they will be reporting on these line numbers.

**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 \_\_\_ Common-law \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_

Name of Parent/Guardian/Step-Parent



Social Insurance Number of Parent/Guardian/Step-Parent



Date of Birth

|      |    |    |
|------|----|----|
|      |    |    |
| YYYY | MM | DD |

|      |    |    |
|------|----|----|
|      |    |    |
| YYYY | MM | DD |

Postal Code

Did your parent file a 2016 Income Tax Return?

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

**Enter "0" if there is no amount reported/to be reported.**

|                 |                                     |          |          |
|-----------------|-------------------------------------|----------|----------|
| Line 150        | Total income                        | \$ _____ | \$ _____ |
| Line 210        | Elected Split Pension Amount        | \$ _____ | \$ _____ |
| Line 230        | Support payments made               | \$ _____ | \$ _____ |
| Line 303        | Spouse or common-law partner amount | \$ _____ | \$ _____ |
| Line 308 or 310 | CPP or QPP contributions            | \$ _____ | \$ _____ |
| Line 312        | Employment Insurance premiums       | \$ _____ | \$ _____ |
| Line 435        | Total payable                       | \$ _____ | \$ _____ |

Indicate any financial support you will receive from your non-custodial parent towards the cost of your study period. \$ \_\_\_\_\_

5. **Authorization to communicate with parent(s)/guardian(s)/step-parent(s):** If you wish your parent(s)/guardian(s)/step-parent(s) to communicate with SFS on your behalf regarding your student financial assistance file, you must complete this section. Completion of this section will authorize SFS to communicate with your parent(s)/guardian(s)/step-parent(s) identified below regarding your file, and to disclose to and discuss with the parent(s)/guardian(s)/step-parent(s) identified below your personal information contained in your file, namely: your personal, academic and financial information contained in your application form, in the material provided in connection with your application, and in the material SFS is authorized by you and by law to collect in connection with your application; the status of your application; and, the administration, repayment and collection of any financial assistance provided to you as a result of your application for assistance. **If you wish to authorize SFS to communicate with your parent(s)/guardian(s)/step-parent(s) in these regards, please complete the following.**

Name of Parent/Guardian/Step-parent \_\_\_\_\_ Relationship to You \_\_\_\_\_

Name of Parent/Guardian/Step-parent \_\_\_\_\_ Relationship to You \_\_\_\_\_

**ENSURE YOU HAVE COMPLETED SECTIONS 1 TO 7A, 9 AND 10.  
ALL DEPENDENT STUDENTS AND THEIR PARENT(S)/STEP-PARENT(S)/GUARDIAN(S) MUST READ,  
SIGN AND RETURN THE DECLARATIONS AND CONSENTS LOCATED ON PAGES 13, 14 AND 15 OF THIS APPLICATION.**

## SECTION 7B – INDEPENDENT STUDENTS

 SIN 

1. While in classes, will you live with your parent? Yes \_\_\_\_ No \_\_\_\_
2. How far is your parent's home from the school you plan to attend (# of kilometres one way)? \_\_\_\_\_
3. Provide the dates when you were employed, received Employment Insurance (EI) benefits, or were actively seeking employment since leaving high school (up to a maximum of the last four years). For periods of employment, list name of employer. Do not list any periods when you were in full-time post-secondary studies.

If you have completed this information on a previous application, you need only provide details of any employment history since your last application.

| From<br>(YYYY/MM) | To<br>(YYYY/MM) | If you were employed, list your employer's name.<br>If you were not employed, indicate whether you<br>were receiving EI benefits or seeking employment. | Province |
|-------------------|-----------------|---|----------|
|                   |                 |   |          |
|                   |                 |   |          |
|                   |                 |   |          |
|                   |                 |   |          |
|                   |                 |   |          |

**ENSURE YOU HAVE COMPLETED SECTIONS 1 TO 6, 7B AND 9.  
ALL INDEPENDENT STUDENTS MUST READ, SIGN AND RETURN THE DECLARATIONS AND CONSENTS LOCATED ON  
PAGES 13 AND 14 OF THIS APPLICATION.**

## SECTION 7C – SINGLE PARENT STUDENTS

 SIN 

1. List all dependants in your family unit (see **NOTE # 4**). Do not list yourself.

**Dependants under 12 years of age on your first day of classes**

| First Name | Relationship to you | Date of Birth (YYYY/MM/DD) | Age |
|------------|---------------------|----------------------------|-----|
|            |                     |                            |     |
|            |                     |                            |     |
|            |                     |                            |     |

**Dependants 12 years or older, not enrolled in post-secondary studies**

| First Name | Relationship to you | Date of Birth (YYYY/MM/DD) | Disabled         |
|------------|---------------------|----------------------------|------------------|
|            |                     |                            | Yes ____ No ____ |
|            |                     |                            | Yes ____ No ____ |
|            |                     |                            | Yes ____ No ____ |

**Dependants enrolled in post-secondary studies**

| First Name | Relationship to you | Date of Birth (YYYY/MM/DD) | Disabled         | Social Insurance Number | Dates of Study From (YYYY/MM) To (YYYY/MM) | Also applying for student financial assistance |
|------------|---------------------|----------------------------|------------------|-------------------------|--|--|
|            |                     |                            | Yes ____ No ____ |                         |  | Yes ____ No ____                               |
|            |                     |                            | Yes ____ No ____ |                         |  | Yes ____ No ____                               |
|            |                     |                            | Yes ____ No ____ |                         |  | Yes ____ No ____                               |

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

**ENSURE YOU HAVE COMPLETED SECTIONS 1 TO 6, 7C AND 9.  
ALL SINGLE PARENT STUDENTS MUST READ, SIGN AND RETURN THE DECLARATIONS AND CONSENTS LOCATED ON  
PAGES 13 AND 14 OF THIS APPLICATION.**

**SECTION 7D – MARRIED/Common-LAW STUDENTS**

SIN

1. Partner's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Social Insurance Number

Date of Birth \_\_\_\_\_  
YYYY MM DD

Is your partner in receipt of  
 (i) Employment Insurance (EI) benefits? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (ii) Social Assistance? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (iii) Federal or Provincial disability benefits? Yes \_\_\_\_\_ No \_\_\_\_\_

2. **Financial Information:** You are required to provide the amounts showing on the following line numbers of your partner's 2016 Income Tax Return. If he/she has not yet filed his/her tax return, provide the information that he/she will be reporting on this line number.

Did your partner file a 2016 Income Tax Return? Yes \_\_\_\_\_ No \_\_\_\_\_

The amount showing on line 150 of your partner's 2016 Income Tax Return is required.

**Enter "0" if there is no amount reported/to be reported.**

Total  
 150 \$

3. While in classes, will you live with your partner? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If no, which of you will reside away from your family home? You \_\_\_\_\_ Your partner \_\_\_\_\_

4. Where is the secondary residence located? \_\_\_\_\_  
City or Town Province/Territory

How many weeks will you or your partner live away from your family home? Number of weeks \_\_\_\_\_

5. Your partner is currently:  
 \_\_\_ Employed  
 \_\_\_ Unemployed  
 \_\_\_ Attending post-secondary studies on a full-time basis

If you checked "Attending post-secondary studies on a full-time basis", the following information is required regarding your partner.

| Name of Post-Secondary Educational Institution | Program of Study | Dates of Study |              | Also applying for student financial assistance |          |
|--|------------------|----------------|--------------|--|----------|
|  |                  | From (YYYY/MM) | To (YYYY/MM) | Yes _____                                      | No _____ |
|  |                  |                |              | Yes _____                                      | No _____ |

**Note: If your partner is a full-time student and also applying for New Brunswick Student Financial Assistance, send both applications together.**

6. List all dependants in your family unit (see **NOTE # 4**). Do not list yourself or your partner.

**Dependants under 12 years of age on your first day of classes**

| First Name | Relationship to you | Date of Birth (YYYY/MM/DD) | Age |
|------------|---------------------|----------------------------|-----|
|            |                     |                            |     |
|            |                     |                            |     |
|            |                     |                            |     |

**Dependants 12 years or older, not enrolled in post-secondary studies**

| First Name | Relationship to you | Date of Birth (YYYY/MM/DD) | Disabled           |
|------------|---------------------|----------------------------|--------------------|
|            |                     |                            | Yes _____ No _____ |
|            |                     |                            | Yes _____ No _____ |
|            |                     |                            | Yes _____ No _____ |

**Dependants enrolled in post-secondary studies**

| First Name | Relationship to you | Date of Birth (YYYY/MM/DD) | Disabled           | Social Insurance Number | Dates of Study |              | Also applying for student financial assistance |
|------------|---------------------|----------------------------|--------------------|-------------------------|----------------|--------------|--|
|            |                     |                            |                    |                         | From (YYYY/MM) | To (YYYY/MM) |  |
|            |                     |                            | Yes _____ No _____ |                         |                |              | Yes _____ No _____                             |
|            |                     |                            | Yes _____ No _____ |                         |                |              | Yes _____ No _____                             |
|            |                     |                            | Yes _____ No _____ |                         |                |              | Yes _____ No _____                             |

**ENSURE YOU HAVE COMPLETED SECTIONS 1 TO 6, 7D, 9 AND 10.  
 ALL MARRIED/Common-LAW STUDENTS AND THEIR PARTNER MUST READ, SIGN AND  
 RETURN THE DECLARATIONS AND CONSENTS LOCATED ON PAGES 13, 14 AND 15 OF THIS APPLICATION.**

**SECTION 8A – DEPENDENT STUDENTS APPLYING FOR  
NEW BRUNSWICK STUDENT LOAN ONLY**

SIN

1. While in classes, will you live with your parent? Yes \_\_\_\_ No \_\_\_\_
2. How far is your parent's home from the school you plan to attend (# of kilometres one way)? \_\_\_\_\_
3. **Authorization to communicate with parent(s)/guardian(s)/step-parent(s):** If you wish your parent(s)/guardian(s)/step-parent(s) to communicate with SFS on your behalf regarding your student financial assistance file, you must complete this section. Completion of this section will authorize SFS to communicate with your parent(s)/guardian(s)/step-parent(s) identified below regarding your file, and to disclose to and discuss with the parent(s)/guardian(s)/step-parent(s) identified below your personal information contained in your file, namely: your personal, academic and financial information contained in your application form, in the material provided in connection with your application, and in the material SFS is authorized by you and by law to collect in connection with your application; the status of your application; and, the administration, repayment and collection of any financial assistance provided to you as a result of your application for assistance. **If you wish to authorize SFS to communicate with your parent(s)/guardian(s)/step-parent(s) in these regards, please complete the following.**

Name of Parent/Guardian/Step-parent \_\_\_\_\_ Relationship to You \_\_\_\_\_

Name of Parent/Guardian/Step-parent \_\_\_\_\_ Relationship to You \_\_\_\_\_

**ENSURE YOU HAVE COMPLETED SECTIONS 1 TO 6, 8A AND 9.  
ALL STUDENTS MUST READ, SIGN AND RETURN THE DECLARATIONS AND CONSENTS  
LOCATED ON PAGES 13 AND 14 OF THIS APPLICATION.**

**SECTION 8B – MARRIED/COMMON-LAW STUDENTS APPLYING FOR  
NEW BRUNSWICK STUDENT LOAN ONLY**

SIN

1. While in classes, will you live with your partner? Yes  No   
 If no, which of you will reside away from your family home? You  Your partner

2. Where is the secondary residence located? \_\_\_\_\_  
 City or Town Province/Territory

How many weeks will you or your partner live away from your family home? Number of weeks

3. Your partner is currently:  
 Employed  
 Unemployed  
 Attending post-secondary studies on a full-time basis

If you checked "Attending post-secondary studies on a full-time basis", the following information is required regarding your partner.

| First Name | Last Name | Date of Birth<br>(YYYY/MM/DD) | Name of Post-Secondary<br>Educational Institution | Program of<br>Study | Dates of Study    |                 | Also applying for<br>student financial<br>assistance     |
|------------|-----------|-------------------------------|---|---------------------|-------------------|-----------------|--|
|            |           |                               |   |                     | From<br>(YYYY/MM) | To<br>(YYYY/MM) |  |
|            |           |                               |   |                     |                   |                 | Yes <input type="checkbox"/> No <input type="checkbox"/> |

4. List all dependants in your family unit (see **NOTE # 4**). Do not list yourself or your partner.

**Dependants under 12 years of age on your first day of classes**

| First Name | Relationship to you | Date of Birth<br>(YYYY/MM/DD) | Age |
|------------|---------------------|-------------------------------|-----|
|            |                     |                               |     |
|            |                     |                               |     |
|            |                     |                               |     |

**Dependants 12 years or older, not enrolled in post-secondary studies**

| First Name | Relationship to you | Date of Birth<br>(YYYY/MM/DD) | Disabled   |
|------------|---------------------|-------------------------------|--|
|            |                     |                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|            |                     |                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|            |                     |                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**Dependants enrolled in post-secondary studies**

| First Name | Relationship to you | Date of Birth<br>(YYYY/MM/DD) | Disabled   | Social Insurance Number | Dates of Study    |                 | Also applying for<br>student financial<br>assistance     |
|------------|---------------------|-------------------------------|--|-------------------------|-------------------|-----------------|--|
|            |                     |                               |  |                         | From<br>(YYYY/MM) | To<br>(YYYY/MM) |  |
|            |                     |                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |                         |                   |                 | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|            |                     |                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |                         |                   |                 | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|            |                     |                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |                         |                   |                 | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**ENSURE YOU HAVE COMPLETED SECTIONS 1 TO 6, 8B AND 9.  
 ALL STUDENTS MUST READ, SIGN AND RETURN THE DECLARATIONS AND CONSENTS  
 LOCATED ON PAGES 13 AND 14 OF THIS APPLICATION.**

## SECTION 9 – APPLICANT DECLARATIONS AND CONSENTS

If this section is not completed and returned to Student Financial Services (SFS), your application will not be processed.

### MUST BE SIGNED BY ALL APPLICANTS

#### DECLARATIONS

I am hereby applying for financial assistance from SFS, knowing that it is an offence under the *Canada Student Financial Assistance Act*, the *Canada Student Loans Act* and the *Post-Secondary Student Financial Assistance Act* to knowingly make any false statements or misrepresentation in an application or other document, or to willfully 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 notify SFS, in writing, of changes in my period of study, academic information, financial status, or marital status throughout my period of studies.

I direct that Canada or New Brunswick may directly remit all or a portion of my financial assistance to my educational institution where my educational institution requests the payment of my academic fees.

I agree to use any financial assistance provided to pay my academic fees first; then I will pay other educational and living costs associated with my program of studies, and not accept government student loan assistance from any other provinces 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 loan or bursary funding, should SFS find my assessment inaccurate, even if the inaccuracy is a result of an error on my part, or on the part of: my parent(s)/official sponsor(s), partner, my educational institution or SFS, will be recovered either (a) by reducing a subsequent student financial assistance assessment, or (b) through collection efforts.

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*.

#### I CONSENT TO

- SFS collecting personal information about me, including, but not limited to, my updated address/telephone number and my academic performance for the period stated on this application, or for previous periods as considered necessary by SFS, from any department of the Province, the government of any other province or territory of Canada, the Government of Canada, service provider(s), educational institution(s), financial institution(s), and other agencies and persons, in relation to my application for student financial assistance;
- SFS using any personal information about me collected in relation to my application for student financial assistance;
- SFS exchanging any personal information about me collected in relation to my application for student financial assistance, with any department of the Province, the government of any other province or territory of Canada, the Government of Canada, service provider(s), educational institution(s), financial institution(s), and any other agencies and persons;
- SFS disclosing my social insurance number to the Canada Revenue Agency; and
- SFS verifying my personal information (specifically, my social insurance number, name, date of birth, gender) provided in support of my application for student financial assistance, with information contained in the Employment and Social Development Canada Social Insurance Register;

#### for the following purposes:

- processing my application for student financial assistance;
- determining and verifying my eligibility for student financial assistance;
- administering any student financial assistance provided to me, including the repayment and collection thereof;
- carrying out their powers and duties in accordance with the *Post-Secondary Student Financial Assistance Act* and regulations thereunder;
- the administration and enforcement of the *Post-Secondary Student Financial Assistance Act* and regulations thereunder;
- recovering money owing under a direct loan, a loan made by a lender under the *Youth Assistance Act* (risk-shared loan) or a loan referred to in section 45 of the *Post-Secondary Student Financial Assistance Act* (fee for service loans); and
- confirming the accuracy of my identification in the context of my application for federal and provincial student financial assistance.

Signature of Applicant

Social Insurance Number

Date

**THIS IS A THREE-PAGE DECLARATION. SEE PAGES 14 AND 15.**



**SECTION 9 – APPLICANT DECLARATIONS AND CONSENTS continued**

**CANADA REVENUE AGENCY AUTHORIZATION  
MUST BE SIGNED BY ALL APPLICANTS**

In the event that my student loan is transferred to the Debt Management unit of the Department of Post-Secondary Education, Training and Labour from the National Student Loans Service Centre, I give consent to the Canada Revenue Agency to provide my most current address and telephone number to the Debt Management unit. I understand that this information will be used to contact me to establish repayment arrangements of the provincial portion of my student loan. This last mentioned consent will apply until the provincial portion of my student loan is repaid in full.

**Signature of Applicant**

**Social Insurance Number**

**Date**

**SECTION 10 – PARENT(S)/GUARDIAN(S)/STEP-PARENT(S) OF  
DEPENDENT STUDENT APPLICANTS OR PARTNER OF  
MARRIED/Common-LAW STUDENT APPLICANTS DECLARATIONS AND CONSENT**

SIN

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

**DECLARATIONS**

I declare that 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 *Post-Secondary Student Financial Assistance Act* to knowingly make any false statements or misrepresentation in an application or other document, or to willfully furnish any false or misleading information.

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

**I CONSENT TO**

- SFS collecting personal information about me from any department of the Province, the government of any other province or territory of Canada, the Government of Canada, service provider(s), educational institution(s), financial institution(s), and other agencies and persons;
- SFS using such personal information so collected; and
- SFS exchanging such personal information so collected with any department of the Province, the government of any other province or territory of Canada, the Government of Canada, service provider(s), educational institution(s), financial institution(s), and any other agencies and persons;

**for the following purposes:**

- processing the applicant's application for student financial assistance;
- determining and verifying the applicant's eligibility for student financial assistance;
- administering any student financial assistance provided to the applicant, including the repayment and collection thereof;
- carrying out their powers and duties in accordance with the *Post-Secondary Student Financial Assistance Act* and regulations thereunder; and,
- the administration and enforcement of the *Post-Secondary Student Financial Assistance Act* and regulations thereunder.

Further, in the event the applicant requests a review of their application for student financial assistance, I consent to SFS disclosing to the applicant any of my personal information provided by me or by a third party to SFS in relation to the applicant's application for student financial assistance.

**Signature of Parent/Guardian/Step-parent or Partner**

**Social Insurance Number**

**Date**

**Signature of Parent/Guardian/Step-parent**

**Social Insurance Number**

**Date**

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