

SECTION 2: Study Period Information

SIN

Name of Educational Institution/Campus _____

Name of Program of Study _____

Indicate start and end dates for your academic year.

Start Date
(YYYY/MM/DD)

End Date
(YYYY/MM/DD)

Study Term (in classes) N/A

_____/_____/_____

_____/_____/_____

Co-op Work Term N/A

_____/_____/_____

_____/_____/_____

Practicum N/A

_____/_____/_____

_____/_____/_____

A. Accommodations during your Study Period

While in classes, will you live with your parent?

Yes No

Or your partner? Yes No

If **no**, indicate where you will live.

City Province

While completing your work term, will you live with your parent?

Yes No

Or your partner? Yes No

If **no**, indicate where you will live.

City Province

While completing your practicum, will you live with your parent?

Yes No

Or your partner? Yes No

If **no**, indicate where you will live.

City Province

B. Financial Resources during your Study Period (answer all questions)

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

* If yes, indicate all income before deductions that you expect to receive during your study period from the following sources. **Enter "0" if there is no amount to be reported.**

2. Study Period employment earnings (*be sure to include your co-op work term earnings, if applicable*).

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

3. You are receiving, or expect to receive, employment insurance. Yes* No

* If **yes**, a copy of your *Authorization of EI Benefits During Training Client Agreement* must be submitted with this form, as well as the information requested in **Section E on page 2**.

4. Scholarships and bursaries.

Source _____ \$ _____ Source _____ \$ _____
Source _____ \$ _____ Source _____ \$ _____

5. Assistantship / honorarium / fellowship or research grant. \$ _____

6. Educational Trust Funds or Registered Education Savings Plan (RESP) \$ _____

7. You are receiving, or expect to receive, funding from the Training and Skills Development Program (TSD). Yes* No

* If **yes**, a copy of your disbursement schedule must be submitted with this form.

8. Social Assistance, Department of Social Development Yes* No

* If **yes**, a letter from Department of Social Development indicating the monthly amount must be submitted with this form.

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

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

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

11. Tuition reduction – if you are eligible for a reduced tuition fee, you must claim the Total Amount \$ _____

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.)

12. Any other financial resources **not indicated above**:

List source _____ Total Amount \$ _____

SECTION 3: Allowable Expenses

SIN

	Amount
1. Rent/Lease of an apartment <i>may</i> be considered if: a) You lived at your parent's home during your pre-study period and had to pay rent for an apartment you could not sublet; or b) You had to maintain two residences due to working in another city during your pre-study period Proof required: Proof from landlord of rent paid including the name, address and telephone number of your landlord as well as dates and amount charged per month for rent or lease.	\$ _____
2. Expenses for part-time studies during your pre-study period if you did not receive a Part-time Canada Student Loan for this term. Proof required: Receipts for tuition and books and proof of dates enrolled.	\$ _____
3. Exceptional medical/dental expenses paid during your pre-study period, which were not covered by insurance. Proof required: Receipt showing dates and amounts paid and amount paid by insurance or proof of no insurance coverage.	\$ _____
4. Canada/Provincial Student Loan payments you were required to make during your pre-study period only. Proof required: Proof of total amount paid to your loan provider.	\$ _____
5. Required Canada/Provincial Student Loan payments paid by your partner (during your pre-study period and your study period). Proof required: Proof of total amount paid to the loan provider during your pre-study period and monthly required payment amount during your study period.	\$ _____ (pre-study) \$ _____ (study)

SECTION 4: Declaration and Required Signature

I declare that the above information is correct to the best of my knowledge and should there be any changes in my academic, personal or financial status, I agree to notify the Student Financial Services Branch in writing. I certify that I have read and understood the information provided in the *Student Financial Assistance for Full-time Post-Secondary Students in New Brunswick Information Guide*.

Signature of Student _____

Date _____

Submit the completed form along with all supporting documentation 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.