Application for Student Financial Assistance for Full-Time Post-Secondary Students in New Brunswick
2021-2022

This application is for programs starting between August 1, 2021 and July 31, 2022. Submit the completed application and all required documentation electronically by visiting studentaid.gnb.ca and selecting Upload a Document or submit by fax or mail:

Student Financial Services, Department of Post-Secondary Education, Training and Labour
Beaverbrook Building, PO Box 6000
Fredericton, New Brunswick E3B 5H1

Fredericton: 506-453-2577    Toll Free: 1-800-667-5626    Fax: 506-444-4333
Telephone Hours: Monday to Friday, 8:00 a.m. – 7:30 p.m., Saturday, 9:00 a.m. – 1:00 p.m.

This application must be completed by the STUDENT with INK. Please print clearly.

Personal Information

Social Insurance Number (SIN): ______________________
Date of Birth (yyyy/mm/dd): ______________________

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<thead>
<tr>
<th>Legal First Name</th>
<th>Legal Last Name</th>
<th>Middle Initial</th>
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<tbody>
<tr>
<td>Gender:</td>
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<tr>
<td>☐ Female</td>
<td>☐ Male</td>
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<td>Language:</td>
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<td>☐ English</td>
<td>☐ French</td>
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</tbody>
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Citizenship

Check (✔) the box that best fits your situation.

☐ Canadian Citizen
☐ Individual registered under the Indian Act, regardless of citizenship
☐ Permanent Resident of Canada
☐ Protected Person of Canada

If a permanent resident or protected person, provide:

Date arrived in Canada (yyyy/mm/dd): ______________________
Date arrived in New Brunswick (yyyy/mm/dd): ______________________

If none of these apply to you, you are not eligible for financial assistance under the Canada-New Brunswick Integrated Student Loans Program.

Social Insurance Number (SIN)
We cannot process your application without a valid SIN. If you do not have one, please visit the Employment and Social Development Canada website at canada.ca.

Permanent Resident / Protected Person
Documentation must be provided. Refer to the Instructions for the specific documents that are required.
Mailing address and permanent address. Your mailing address and email address are mandatory and your application cannot be processed without them.

It is important that you provide all changes to your mailing address or permanent address to ensure all notices and documentation are forwarded to you. Please contact Student Financial Services (SFS) and the National Student Loans Service Centre (NSLSC) to update your address. See Change of Address under Forms at studentaid.gnb.ca.

Mailing Address

______________________________ ______________ ______________
Street Address/P.O. Box Apartment No. City/Town

______________________________ ______________ ______________
Province/Territory Country (other than Canada) Postal Code

Area Code and Telephone No.: ____________________________

Email Address (mandatory): ____________________________

Permanent Address (if different from mailing address)

☐ Check (√) the box if your mailing address and telephone number are the same as the permanent address.

______________________________ ______________ ______________
Street Address/P.O. Box Apartment No. City/Town

______________________________ ______________ ______________
Province/Territory Country (other than Canada) Postal Code

Area Code and Telephone No.: ____________________________

Have you previously received a student loan from New Brunswick? ☐ Yes ☐ No

If yes, most recent year received: ____________________________

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

If yes, from which province or territory: ____________________________

Most recent year received: ____________________________
Ancestry

This section is voluntary.

Indigenous people are those who identify themselves to be First Nations (Status or Non-Status), Inuit, or Métis. 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:

☐ First Nations: Status
☐ First Nations: Non-Status
☐ Inuit
☐ Métis

Visible minority persons are persons other than Indigenous people, who are non-Caucasian in race or non-white in 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

Students with Permanent Disabilities

This section is used to determine eligibility for student grants.

“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 force, and is expected to remain with the person for the person’s expected life.

Based on this definition, indicate if you consider yourself as having a permanent disability and wish to be considered for the disability related student grants.

☐ Yes  ☐ No

If you have a permanent disability, you must provide a completed Medical Assessment Form unless you have previously been approved for funding as a student with a permanent disability by New Brunswick Student Financial Services. This form is available at studentaid.gnb.ca.

If you are experiencing difficulties in obtaining the required documentation, please contact Student Financial Services at 1-800-667-5626.
Marital Status (as of the first day of your study period for the 2020-21 academic year)

☐ Single  ☐ Married  ☐ Common-law  ☐ Separated  ☐ Divorced  ☐ Widowed

If you checked Married or Common-law, indicate below if you wish to apply for all funding programs available or if you wish to apply for the New Brunswick Student Loan only:

☐ I am applying for full consideration under the Canada and New Brunswick Student Financial Assistance Programs – a partner’s contribution may apply. You and your partner are required to complete Appendix C - Partner of Married/Common-Law Applicants.

☐ I am applying for New Brunswick Student Loan only. You and your partner are required to complete the Partner Information and the Study Period Information sections of Appendix C - Partner of Married/Common-Law Applicants.

Refer to the Instructions for more information on Partner’s Contribution.

Applicant Dependents

List all dependent children who will be living with you at least 50 percent of the time, as of the first day of your study period for the 2021-2022 academic year. Please indicate if any of these dependants are permanently disabled and attach verification. Refer to the Instructions for required documentation.

First Dependant

Legal First Name ___________________________ Legal Last Name ___________________________

Relationship to you: ___________________________

Date of Birth (yyyy/mm/dd): ___________________________ Age: _____

If this dependant is 12 years or older, is he/she permanently disabled? ☐ Yes ☐ No

Is this dependant enrolled in post-secondary studies? ☐ Yes ☐ No

If yes, provide the following information:

Social Insurance Number: _______________

Dates of Study: From (yyyy/mm) ___________ To (yyyy/mm) ___________

Also applying for student financial assistance? ☐ Yes ☐ No

Dependants

These include:

- children who are 18 years of age or younger for whom you or your partner have physical custody and control;
- children who are in full-time studies and meet the dependent student criteria;
- anyone claimed as wholly dependent on your 2020 Income Tax Return. (Refer to the Instructions)
Second Dependant

__________________________  ____________________________
Legal First Name  Legal Last Name

Relationship to you: ____________________________

Date of Birth (yyyy/mm/dd): ____________________________  Age: _____

If this dependant is 12 years or older, is he/she permanently disabled?  □ Yes  □ No

Is this dependant enrolled in post-secondary studies?  □ Yes  □ No

If yes, provide the following information:

Social Insurance Number: _____________

Dates of Study: From (yyyy/mm) _____________ To (yyyy/mm) _____________

Also applying for student financial assistance?  □ Yes  □ No

Third Dependant

__________________________  ____________________________
Legal First Name  Legal Last Name

Relationship to you: ____________________________

Date of Birth (yyyy/mm/dd): ____________________________  Age: _____

If this dependant is 12 years or older, is he/she permanently disabled?  □ Yes  □ No

Is this dependant enrolled in post-secondary studies?  □ Yes  □ No

If yes, provide the following information:

Social Insurance Number: _____________

Dates of Study: From (yyyy/mm) _____________ To (yyyy/mm) _____________

Also applying for student financial assistance?  □ Yes  □ No

If you have more than three dependants, attach an extra sheet of paper to the application with their information.
Single Student without Dependants

If you are a single student with no dependants and have never been/are no longer married or in a common-law relationship, check (√) the box that best fits your situation, as of the first day of your study period for the 2021-2022 academic year.

☐ You have been out of high school for **four** years or more (June 2017 or earlier).

☐ 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, while not studying full-time at a post-secondary educational institution.

☐ You are currently or have been a person in permanent care with the Department of Social Development or are receiving/have received financial assistance under Youth Engagement Services (YES).

☐ You have no parent, guardian, sponsor or other supporting relative due to death or disappearance.

If you checked one of the above statements, you are considered an **Independent** student.

☐ None of the above statements apply. You are considered a **Dependent** student.

If you find that the above statements do not apply to your situation, please call Student Financial Services for help in determining your student category. Selecting the wrong student category will result in delays with processing your application.

If you are a **Dependent** student, indicate below if you wish to apply for all funding programs available or if you wish to apply for the New Brunswick Student Loan only:

☐ I am applying for full consideration under the Canada and New Brunswick Student Financial Assistance Programs - a parental contribution may apply. You and your parent, guardian or sponsor are required to complete Appendix B – Parents, Guardians, or Sponsors of Dependent Applicants.

☐ I am applying for New Brunswick Student Loan only.

Refer to the [Instructions](#) for more information on Parental Contribution.
New Brunswick Residency

You must apply for student financial assistance to the province/territory in which you are considered a resident. If you are an Indigenous student, a Permanent Resident or a Protected Person, refer to the information in the right margin and in the Instructions.

Check (√) the box that best fits your situation, as of the first day of your study period for the 2021-2022 academic year.

☐ You are a dependant student and

☐ your parent(s) live(s) in New Brunswick or lived in New Brunswick for the 12 consecutive months immediately before the first day of your study period for the 2021-2022 academic year.

☐ your parent(s) live(s)/lived outside of Canada (i.e. with the Armed Forces) and New Brunswick is the last province in which they resided or maintained the family home for a period of at least 12 consecutive months immediately before leaving Canada.

☐ your parent(s) resided in New Brunswick for a period of at least 12 consecutive months immediately before leaving New Brunswick, but you stayed to begin or continue your program of studies at a post-secondary educational institution in New Brunswick within twelve months of your parent’s move.

☐ You are an independent student or single parent student and you lived in New Brunswick for the 12 consecutive months before the first day of your study period for the 2021-2022 academic year, while not studying full time at a post-secondary educational institution.

☐ You are married or common-law and

☐ you and your partner lived in New Brunswick for a period of at least 12 consecutive months immediately before the first day of your study period for the 2021-2022 academic year, while not studying full time at a post-secondary educational institution.

☐ your partner is living in New Brunswick, and is and has been employed in New Brunswick for the 12 consecutive months prior to the first day of the study period for the 2021-2022 academic year.

If you checked one of the above statements, you are considered a resident of New Brunswick.

If none of the above statements describe your situation, you will need to apply to another province. For other provincial and territorial student assistance offices, visit Provincial and territorial student financial assistance offices at studentaid.gnb.ca.
Program Information

You must have your educational institution complete a separate Request for Program Information form if you are:

- applying as a student with a permanent disability;
- completing a co-op work term as part of your study period;
- studying at the Master or Ph.D. level;
- attending Intersession and/or Summer Session at a university;
- attending any educational institution located outside the Atlantic Provinces;
- attending any private educational institution located outside New Brunswick.

The completed form should be submitted to Student Financial Services (SFS) as soon as possible to avoid delays in processing your application. You can ask your educational institution to forward the completed form directly to SFS.

All students must complete the following section:

Student ID Number (if known): ________________________________

Name of Educational Institution: ________________________________

City/Town of Campus you are attending: ________________________

Area Code and Telephone No.: ________________________________

Address of Educational Institution:

City/Town Province/Territory Country (other than Canada)

Program Name (example, Arts): ________________________________

Program Specialization/Major (example, History): ________________

This program leads to a:

☐ Certificate  ☐ Diploma  ☐ Bachelor’s Degree  ☐ Master’s Degree  ☐ Ph.D.

Are you in a co-op program?  ☐ Yes  ☐ No

You are enrolling in year _____ of a _____ year program.

Expected graduation date (yyyy/mm): ____________________________
Indicate start and end dates for your academic year:

<table>
<thead>
<tr>
<th>Study Term (in classes)</th>
<th>Start Date (yyyy/mm)</th>
<th>End Date (yyyy/mm)</th>
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<tbody>
<tr>
<td>Co-op Work Term</td>
<td></td>
<td></td>
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<tr>
<td>Practicum</td>
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Are you taking all of your courses online, through correspondence or other form of remote delivery? □ Yes □ No

What percentage of a full-time course load will you be taking? ________ %

As a general rule, for degree programs: 5 courses = 100% course load
4 courses = 80% course load
3 courses = 60% course load
2 courses = 40% course load
1 course = 20% course load

Students enrolled in certificate and diploma programs generally take a 100% course load.

Accommodation

Dependent/Independent/Single Parent Students:

While in classes, will you live with your parent(s)? □ Yes □ No

If no, indicate where you will live: ________________________________
City/Town Province/Territory

How far is your parent’s home from the educational institution you plan to attend (number of kilometres one way)? _______ km

Married/Common-law Students:

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

Where is the secondary residence located? ________________________________
City/Town Province/Territory

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

Co-op Work Term/Practicum:

Will you live with your parent/partner while:

- Completing your co-op work term? □ Yes □ No
- Completing your practicum? □ Yes □ No

If no, indicate where you will live: ________________________________
City/Town Province/Territory
Educational History

Name of High School: __________________________________________

Location of School (City/Province): ________________________________

High School Graduation Date (yyyy/mm): ____________________________

or

Date left High School (yyyy/mm): _________________________________

Highest Grade completed (up to Grade 12): ________________________

Have 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, provide the following detailed information for each year you have attended a Post-Secondary Educational Institution as a full-time student.

Complete this section starting with the most recent year attended.

* For level of study, indicate the number:
1 = Certificate  2 = Diploma  3 = Bachelor  4 = Master  5 = PhD

Year of Study ______  Level of Study* _____  Faculty and Major ________________________________

Did you graduate? □ Yes □ No

Did you receive a Canada/New Brunswick Student Loan during this study period? □ Yes □ No

Name of Institution _____________________________________________

Name of Program _______________________________________________

Start Date (yyyy/mm) ____________  End Date (yyyy/mm) ____________

_____________________________________________________________

Year of Study ______  Level of Study* _____  Faculty and Major ________________________________

Did you graduate? □ Yes □ No

Did you receive a Canada/New Brunswick Student Loan during this study period? □ Yes □ No

Name of Institution _____________________________________________

Name of Program _______________________________________________

Start Date (yyyy/mm) ____________  End Date (yyyy/mm) ____________

_____________________________________________________________
Year of Study ______  Level of Study* _____  Faculty and Major ________________________________

Did you graduate? ☐ Yes ☐ No

Did you receive a Canada/New Brunswick Student Loan during this study period? ☐ Yes ☐ No

Name of Institution ________________________________________________________________

Name of Program ________________________________________________________________

Start Date (yyyy/mm) _________________ End Date (yyyy/mm) _________________

_____________________________________________________________________________

Year of Study ______  Level of Study* _____  Faculty and Major ________________________________

Did you graduate? ☐ Yes ☐ No

Did you receive a Canada/New Brunswick Student Loan during this study period? ☐ Yes ☐ No

Name of Institution ________________________________________________________________

Name of Program ________________________________________________________________

Start Date (yyyy/mm) _________________ End Date (yyyy/mm) _________________

_____________________________________________________________________________

Year of Study ______  Level of Study* _____  Faculty and Major ________________________________

Did you graduate? ☐ Yes ☐ No

Did you receive a Canada/New Brunswick Student Loan during this study period? ☐ Yes ☐ No

Name of Institution ________________________________________________________________

Name of Program ________________________________________________________________

Start Date (yyyy/mm) _________________ End Date (yyyy/mm) _________________
Applicant Study Period Resources

Income Tax Information

Did you file a 2020 Income Tax Return? □ Yes □ No

Were you employed in 2020? □ Yes □ No

You are required to provide the amount showing on the following line numbers of your 2020 Income Tax Return.

Enter “0” if there is no amount reported/to be reported.

Line 15000  Total Income: $ _____________ . _____
Line 21000  Elected Split Pension Amount: $ _____________ . _____

Income during your study period

Indicate all income, before deductions, that you expect to receive from the following sources during your study period for the 2021-2022 academic year:

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

Check (✓) the box if you will not have any income to report during your study period.

Scholarships/Bursaries

List all scholarships and bursaries you will receive from your educational institution or community organizations including but not limited to entrance scholarships, merit based scholarships, doctoral fellowships, need based scholarships or bursaries, etc. Do not include any expected from Student Financial Services.

$ _____________ Source ________________________________
Name ________________________________
$ _____________ Source ________________________________
Name ________________________________
$ _____________ Source ________________________________
Name ________________________________

Tuition Reduction/Family Discount

If you are eligible for a reduced tuition fee, you must claim the amount of the reduction. For example, you may be charged a reduced tuition fee if your parent is employed by the educational institution you are attending.

$ ______________
Other Targeted Resources

This is funding you are receiving specifically targeted to cover education costs. These funds could be paid directly to your educational institution (for instance, to cover tuition) or they could be paid directly to you.

For example, a training allowance or money from an employer that covers room and board is considered a targeted resource.

$______________  Source ________________________________

Training and Skills Development

Are you or will you be receiving Training and Skills Development (TSD) funding from Working NB for your period of study?  □ Yes □ No

Note: Your TSD funding details must be provided to our office to be considered for all student financial assistance programs. Your application will only be assessed for New Brunswick Loan funding until the TSD funding details are received.

Employment History

Provide details for periods in which you were employed, received Employment Insurance (EI) benefits or were actively seeking employment over the last four years. Do not list any periods when you were in full-time post-secondary studies.

Start Date (yyyy/mm) _______________ End Date (yyyy/mm) _______________

□ Employed  □ Receiving Employment Insurance  □ Seeking Employment

Province _____________________________________________________________

Name of Employer ______________________________________________________

_____________________________________________________________________

Start Date (yyyy/mm) _______________ End Date (yyyy/mm) _______________

□ Employed  □ Receiving Employment Insurance  □ Seeking Employment

Province _____________________________________________________________

Name of Employer ______________________________________________________

_____________________________________________________________________

Start Date (yyyy/mm) _______________ End Date (yyyy/mm) _______________

□ Employed  □ Receiving Employment Insurance  □ Seeking Employment

Province _____________________________________________________________

Name of Employer ______________________________________________________

_____________________________________________________________________
Applicant Declaration and Consent

This must be signed by the applicant and signature must appear in both areas in ink. Applications received without the signature or date will not be processed. Correspondence will be sent requesting appropriate completion of the section which will result in processing delays.

DECLARATION

I am hereby applying for financial assistance from the Department of Post-Secondary Education, Training and Labour (the Department), knowing it is an offence under the Canada Student Financial Assistance Act (CSFAA), the Canada Student Loans Act (CSLA) and the Post-Secondary Student Financial Assistance Act (PSFAA), 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 and updated information and 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 the Department, 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 and/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 the Department 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)/guardian(s)/official sponsor(s), spouse/common-law partner, my educational institution or the Department, 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 understand the information provided in the Student Financial Assistance Handbook.

INFORMATION CONSENT

Personal information is collected and used for the administration of the Canada Student Financial Assistance Program (CSFA Program) under the authority of the Canada Student Financial Assistance Act (CSFAA) and the Canada Student Loans Act (CSLA). Information about you under the control of Canada will be administered in accordance with the Privacy Act (Canada).

Under the authority of the Post-Secondary Student Financial Assistance Act (PSFAA), 2007, c.P-9.315, the Department collects, accesses, uses, discloses and protects information provided by you in accordance with section 46(1) of the Right to Information and Protection of Privacy Act (RTIPPA), SNB 2009, c. R-10.6; and the Department’s Document and Record Management Policy for the purposes of administrating programs and services.

I consent to
• the Department 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 the Department, from any department of the Province of New Brunswick, 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, in relation to my application for student financial assistance;
• the Department using any personal information about me collected in relation to my application for student financial assistance;
• the Department exchanging any personal information about me collected in relation to my application for financial assistance, with any department of the Province of New Brunswick, 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;
• the Department disclosing my social insurance number to the Canada Revenue Agency; and

THIS IS A TWO PAGE DECLARATION AND CONSENT
PLEASE INITIAL TO ACKNOWLEDGE THAT YOU HAVE READ THIS FIRST PAGE __________
• the Department 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;
- conducting research and evaluation of the student financial assistance program(s);
- carrying out their powers and duties in accordance with the Post-Secondary Student Financial Assistance Act and the 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.

I understand that I can cancel my consent in writing at any time and in doing so I understand that I will no longer be able to participate in the program because of its administrative requirements and the requirements established by the Canada-New Brunswick Student Loans Program Integration Agreement and in accordance with the Right to Information and Protection of Privacy Act.

If you have any questions regarding how your personal information is collected or used, you may contact the Program Liaison and Quality Assurance Manager at 506-453-2713.

I have read the above information in its entirety. I acknowledge that this authorization is valid for the duration of the program(s) or service(s) and the monitoring associated with it.

Signature of Applicant       Date

Canada Revenue Agency Authorization

In the event that my student loan is transferred to the Central Collection Services of Service New Brunswick 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 Central Collection Services 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       Date
Appendix A
Authorization to Disclose Information
2021-2022

If you wish your parent(s)/guardian(s)/step-parent(s), spouse/common-law partner or any other person(s) to communicate with the Department of Post-Secondary Education, Training and Labour (the Department) on your behalf regarding your student financial assistance file, you must complete this form. Completion of this form will authorize the Department to communicate with the person(s) named below regarding your file, and to disclose to and discuss with the named person(s) your personal information contained in your file.

I hereby authorize the Department to communicate with the person(s) named below regarding my student financial assistance file, and to disclose to and discuss with the named person(s) my personal information contained in my file, namely: my personal, academic and financial information contained in my application form, in the material provided in connection with my application, and in the material the Department is authorized by me and by law to collect in connection with my application; the status of my application; and, the administration, repayment and collection of any financial assistance provided to me as a result of my application for assistance.

I acknowledge that this authorization is valid for the duration of the program(s) or service(s) and the monitoring associated with it. I understand that I can cancel this authorization in writing at any time.

X  
Signature of Applicant  
Date

PERSON(S) AUTHORIZED TO COMMUNICATE WITH THE DEPARTMENT
You may authorize more than one person

1. Name of Third Party:  
First Name  
Last Name  
Initial  
Address:  
Street Address, P.O. Box, Apt. No.  
City/Town  
Province  
Postal Code  
Area Code and Telephone No.:  ( )

2. Name of Third Party:  
First Name  
Last Name/  
Initial  
Address:  
Street Address, P.O. Box, Apt. No.  
City/Town  
Province  
Postal Code  
Area Code and Telephone No.:  ( )
Appendix B
Parents, Guardians, or Sponsors of Dependent Applicants
2021-2022

The information in this section is required if you are applying for full consideration under the Canada and New Brunswick Student Financial Assistance Programs. If you are applying for New Brunswick Student Loan only, this information is not required.

For file reference purposes, provide the name and Social Insurance Number (SIN) of the applicant:

Legal First and Last Name of Applicant: ________________________________
Social Insurance Number (SIN): ________________

Parental Information

The term “parent” refers to a biological parent, step-parent, or adoptive parent. All references to parents also apply to guardians and sponsors. If your parents are separated or divorced, provide the information for your custodial parent who is the one with whom you normally reside or who supports the majority of your living expenses. If your custodial parent remarried or was in a common-law relationship before you turned 18 years of age, or if your step-parent has legally adopted you, your step-parent’s income tax return information is also required (Parent #2).

Parent #1

Social Insurance Number (SIN): ________________
Date of Birth (yyyy/mm/dd): ____________

<table>
<thead>
<tr>
<th>Legal First Name</th>
<th>Legal Last Name</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

Relationship to Applicant. Check (✓) the appropriate box:

☐ Parent       ☐ Guardian       ☐ Step-Parent       ☐ Sponsor

Marital Status:

☐ Single       ☐ Married       ☐ Common-law       ☐ Separated       ☐ Divorced       ☐ Widowed
Mailing Address

☐ Check (✓) the box if your parent’s mailing address and telephone number are the same as your permanent address.

Street Address/P.O. Box

Apartment No.

City/Town

Province/Territory

Country (other than Canada)

Postal Code

Area Code and Home Telephone No.: ____________________________

Parent #2

Social Insurance Number (SIN): __________________________

Date of Birth (dd/mm/yyyy): __________________________

Legal First Name

Legal Last Name

Middle Initial

Relationship to Applicant. Check (✓) the appropriate box:

☐ Parent       ☐ Guardian       ☐ Step-Parent       ☐ Sponsor
Parental Income

You are required to provide the amounts showing on the following line numbers of your parent’s 2020 Income Tax Return(s).

Enter “0” if there is no amount reported/to be reported.

Parent #1

Did your parent file a 2020 Income Tax Return? □ Yes □ No

Line 15000  Total Income $ ______________ . ______

Line 21000  Elected Split-Pension Amount $ ______________ . ______

Line 21999  Support payments made $ ______________ . ______

Line 30300  Spouse or common-law partner amount $ ______________ . ______

Line 30800 or 31000  CPP or QPP Contributions $ ______________ . ______

Line 31200  Employment Insurance Premiums $ ______________ . ______

Line 43500  Total Payable $ ______________ . ______

Parent #2

Did your parent file a 2020 Income Tax Return? □ Yes □ No

Line 15000  Total Income $ ______________ . ______

Line 21000  Elected Split-Pension Amount $ ______________ . ______

Line 21999  Support payments made $ ______________ . ______

Line 30300  Spouse or common-law partner amount $ ______________ . ______

Line 30800 or 31000  CPP or QPP Contributions $ ______________ . ______

Line 31200  Employment Insurance Premiums $ ______________ . ______

Line 43500  Total Payable $ ______________ . ______

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

[Infographic: Income Tax Return]

If your parent(s) have not yet filed their 2020 tax return, provide the information that they will be reporting on these line numbers.

If current year income is expected to be significantly lower than the previous year, a review may be requested. Information is detailed at studentaid.gnb.ca under Requesting a Funding Review.
Parental Dependents

For the purposes of determining family size in assessing the parental contribution, a dependent child is:

- A child, including an adopted child, a step-child or a wholly dependent person;
- 18 years or younger;
- Wholly dependent on their parents for support; and
- In the custody and control of their parent or parent’s partner, in law or in fact.

A child over the age of 18 is also considered a dependant if he or she is in full-time attendance at a secondary school or at a post-secondary educational institution; and:

- Has never been married or claimed marital status as common-law on an Income Tax Return; and
- Does not have any dependent children; and
- Has not been out of secondary school for four years (48 months) or more; or
- Has not been in the workforce for two periods of 12 consecutive months.

List all dependants in your family unit. Do not list the parent or the applicant.

**First Dependant**

**Legal First Name**    **Legal Last Name**

Relationship to you: ________________________________

Date of Birth (yyyy/mm/dd): ___________________________ Age: _____

If this dependant is 12 years or older, is he/she permanently disabled?  □ Yes  □ No

Is this dependant enrolled in post-secondary studies?  □ Yes  □ No

**If yes,** provide the following information:

- Social Insurance Number: _______________

- Dates of Study: From (yyyy/mm) _____________ To (yyyy/mm) _____________

- Also applying for student financial assistance?  □ Yes  □ No
Second Dependant

Legal First Name  Legal Last Name

Relationship to you: ____________________________________

Date of Birth (yyyymm/dd): _____________________________ Age: _____

If this dependant is 12 years or older, is he/she permanently disabled? □ Yes □ No

Is this dependant enrolled in post-secondary studies? □ Yes □ No

If yes, provide the following information:

Social Insurance Number: ____________

Dates of Study: From (yyyymm) __________ To (yyyymm) __________

Also applying for student financial assistance? □ Yes □ No

Third Dependant

Legal First Name  Legal Last Name

Relationship to you: ____________________________________

Date of Birth (yyyymm/dd): _____________________________ Age: _____

If this dependant is 12 years or older, is he/she permanently disabled? □ Yes □ No

Is this dependant enrolled in post-secondary studies? □ Yes □ No

If yes, provide the following information:

Social Insurance Number: ____________

Dates of Study: From (yyyymm) __________ To (yyyymm) __________

Also applying for student financial assistance? □ Yes □ No

If there are more than three dependants, attach an extra sheet of paper to the application with their information.
Declaration and Consent by Parent(s), Guardian(s) or Step-Parent(s)

The signature of each parent (if two-parent family) must appear in ink. Applications received without the signature or date will not be processed. Correspondence will be sent requesting appropriate completion of the section which will result in processing delays.

I declare that I have given complete and true information, knowing that it is an offence under the Canada Student Financial Assistance Act (CSFAA), the Canada Student Loans Act (CSLA) and the Post-Secondary Student Financial Assistance Act (PSFAA), 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.

Personal information is collected and used for the administration of the Canada Student Financial Assistance Program (CSFA Program) under the authority of the Canada Student Financial Assistance Act (CSFAA) and the Canada Student Loans Act (CSLA). Information about you under the control of Canada will be administered in accordance with the Privacy Act (Canada).

Under the authority of the Post-Secondary Student Financial Assistance Act, 2007, c.P-9.315, the Department of Post-Secondary Education, Training and Labour (the Department) collects, accesses, uses, discloses and protects information provided by you in accordance with section 46(1) of the Right to Information and Protection of Privacy Act (RTIPPA), SNB 2009, c. R-10.6; and the Department’s Document and Record Management Policy for the purposes of administering programs and services.

I consent to

• the Department collecting personal information about me from any department of the Province of New Brunswick, 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;
• the Department using such personal information so collected; and
• the Department exchanging such personal information so collected with any department of the Province of New Brunswick, 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;

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;
- conducting research and evaluation of the student financial assistance program(s);
- 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 the regulations thereunder.

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

I understand that I can cancel my consent in writing at any time and in doing so I understand that the applicant will no longer be able to participate in the program because of its administrative requirements and the requirements established by the Canada-New Brunswick Student Loan Program Integration Agreement and in accordance with the Right to Information and Protection of Privacy Act.

If you have any questions regarding how your personal information is collected or used, you may contact the Program Liaison and Quality Assurance Manager at 506-453-2713.

I have read the above information in its entirety. I acknowledge that this authorization is valid for the duration of the program(s) or service(s) and the monitoring associated with it.

X ___________________________ Date
Signature of Parent #1

X ___________________________ Date
Signature of Parent #2
Appendix C
Partner of Married/Common-Law Applicants
2021-2022

For file reference purposes, provide the name and Social Insurance Number (SIN) of the applicant:
Legal First and Last Name of Applicant: _____________________________________________
Social Insurance Number (SIN): ________________

Partner Information

The term “partner” refers to spouse or common-law partner.

Date of Birth (yyyy/mm/dd): ________________

<table>
<thead>
<tr>
<th>Legal First Name</th>
<th>Legal Last Name</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

Mailing Address

☐ Check(✔) the box if your partner’s mailing address and telephone number are the same as your permanent address.

<table>
<thead>
<tr>
<th>Street Address/P.O. Box</th>
<th>Apartment No.</th>
<th>City/Town</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Province/Territory</th>
<th>Country (other than Canada)</th>
<th>Postal Code</th>
</tr>
</thead>
</table>

Area Code and Home Telephone No.: ________________________________
Study Period Information

What will your partner’s status be, as of your study period start date?

☐ Employed
☐ Unemployed
☐ Attending post-secondary studies on a full-time basis

If you checked “Attending post-secondary studies on a full-time basis”, provide the following information regarding your partner:

Name of Educational Institution: ______________________________________________________

Program of Study: _________________________________________________________________

Dates of Study: From (yyyy/mm) _____________ To (yyyy/mm) _____________

Also applying for student financial assistance? ☐ Yes ☐ No

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

Partner Income

The information in this section is required if you are applying for full consideration under the Canada and New Brunswick Student Financial Assistance Programs.

If you are applying for New Brunswick Student Loan only, this information is not required.

Partner’s Social Insurance Number (SIN): ________________________________

Is your partner in receipt of:

- Employment Insurance (EI) benefits? ☐ Yes ☐ No
- Social Assistance? ☐ Yes ☐ No
- Federal or Provincial disability benefits? ☐ Yes ☐ No

Did your partner file a 2020 Income Tax Return? ☐ Yes ☐ No

You are required to provide the amounts showing on the following line numbers of your partner’s 2020 Income Tax Return.

Enter “0” if there is no amount reported/to be reported.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>15000</td>
<td>Total Income</td>
<td>$ ______________ . _____</td>
</tr>
<tr>
<td>21000</td>
<td>Elected Pension Split</td>
<td>$ ______________ . _____</td>
</tr>
</tbody>
</table>

Income Tax Return

If your partner has not yet filed their 2020 tax return, provide the information that he/she will be reporting on these line numbers.

If current year income is expected to be significantly lower than the previous year, a review may be requested. Information is detailed at studentaid.gnb.ca.
Declaration and Consent by Spouse/Common-Law Partner

**Signatures must appear in ink. Applications received without the signature or date will not be processed. Correspondence will be sent requesting appropriate completion of the section which will result in processing delays.**

I **declare** that I have given complete and true information, knowing that it is an offence under the *Canada Student Financial Assistance Act* (CSFAA), the *Canada Student Loans Act* (CSLA) and the *Post-Secondary Student Financial Assistance Act* (PSFAA), 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.

Personal information is collected and used for the administration of the Canada Student Financial Assistance Program (CSFA Program) under the authority of the *Canada Student Financial Assistance Act* (CSFAA) and the *Canada Student Loans Act* (CSLA). Information about you under the control of Canada will be administered in accordance with the Privacy Act (Canada).

Under the authority of the *Post-Secondary Student Financial Assistance Act*, 2007, c.P-9.315, the Department of Post-Secondary Education, Training and Labour (the Department) collects, accesses, uses, discloses and protects information provided by you in accordance with section 46(1) of the *Right to Information and Protection of Privacy Act* (RTIPPA), SNB 2009, c. R-10.6; and the Department’s Document and Record Management Policy for the purposes of administrating programs and services.

I **consent to**

- the Department collecting personal information about me from any department of the Province of New Brunswick, 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;
- the Department using such personal information so collected; and
- the Department exchanging such personal information so collected with any department of the Province of New Brunswick, 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;

**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;
- conducting research and evaluation of the student financial assistance program(s);
- carrying out their powers and duties in accordance with the *Post-Secondary Student Financial Assistance Act* and the regulations thereunder;
- the administration and enforcement of the *Post-Secondary Student Financial Assistance Act* and the regulations thereunder.

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

I understand that I can cancel my consent in writing at any time and in doing so I understand that the applicant will no longer be able to participate in the program because of its administrative requirements and the requirements established by the Canada-New Brunswick Student Loan Program Integration Agreement and in accordance with the *Right to Information and Protection of Privacy Act*.

If you have any questions regarding how your personal information is collected or used, you may contact the Program Liaison and Quality Assurance Manager at 506-453-2713.

*I have read the above information in its entirety. I acknowledge that this authorization is valid for the duration of the program(s) or service(s) and the monitoring associated with it.*

X ____________________________  Date

Signature of Spouse/Common-Law Partner