



**SECTION 1 - PERSONAL INFORMATION (cont'd)**

Gender:  Female  Male Date of Birth: |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
Year Month Day

Place of Birth: |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
City Territory/Province/State Country

Canadian Resident From: |\_\_\_\_\_|\_\_\_\_\_| (do not leave blank) If born in Canada put year and month of birth  
Year Month

Yukon Resident From: |\_\_\_\_\_|\_\_\_\_\_| (do not leave blank) If you have ever left the Yukon for more than 12 consecutive  
Year Month months enter your most recent return date

At the time of this application I am:  Single  Single Parent  Married  Common Law  
(living together 1 year or more)

At the time of this application I am:  Canadian Citizen  
 Permanent Resident (Copy of Confirmation of Permanent Residence must be attached)  
 Protected Person (Copy of Protected Person Status Document must be attached)

\*\*\*\*\*

**Optional for Statistical Purposes Only:** The information is used to improve Advanced Education Programs and Services.

Aboriginal people are persons in Canada who consider themselves to be Status, Non-Status, Inuit, Metis and/or a Beneficiary.

Do you consider yourself to be an aboriginal person?  Yes  No

If YES, please mark the applicable box:  Status  Non-Status

Are you a citizen of a Self Governing First Nation?  Yes  No

If YES, please indicate which First Nation: |\_\_\_\_\_|

Do you consider yourself a member of a visible minority group?  Yes  No

Do you consider yourself as having a disability?  Yes  No

If YES, and you would like to be considered for Permanent Disability Grants complete a Schedule A.  
Forms and information are available on the website [www.education.gov.yk.ca](http://www.education.gov.yk.ca)

\*\*\*\*\*

**Next of Kin:** (e.g. father, sister, etc. do not use your spouse or your children as next of kin):

|\_\_\_\_\_| |\_\_\_\_\_|  
Last Name Given Name

|\_\_\_\_\_| |\_\_\_\_\_|  
Address Extra line for address

|\_\_\_\_\_| |\_\_\_\_\_|  
City Prov/Terr/State

|\_\_\_\_\_| |\_\_\_\_\_|  
Country Postal Code/Zip Code

## SECTION 2 - RESIDENCY INFORMATION

Give a complete breakdown of where **you** were physically living for the 2 years immediately prior to the start of your classes for this academic year. **Show separately the periods you were in school and not in school.**

From		To		City	Territory/Province/State	Country	I was in School		
Year	Month	Year	Month				Ftime	Ptime	No
_	_	_	_	_ _ _ _	_ _ _ _	_ _ _ _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_	_	_	_	_ _ _ _	_ _ _ _	_ _ _ _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_	_	_	_	_ _ _ _	_ _ _ _	_ _ _ _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_	_	_	_	_ _ _ _	_ _ _ _	_ _ _ _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_	_	_	_	_ _ _ _	_ _ _ _	_ _ _ _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_	_	_	_	_ _ _ _	_ _ _ _	_ _ _ _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_	_	_	_	_ _ _ _	_ _ _ _	_ _ _ _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 3 - STUDENT'S DEPENDENTS (if applicable)

Please list your dependent(s) at the start of your classes for this academic year.

Name of Dependent(s) (Last Name, First Name)	Date of Birth	Relationship to You	Lives with You		Shared Custody		Attending Post Secondary	
			Yes	No	Yes	No	Yes	No
_ _ _ _ _ _ _	_ _ _ _ _ _ _  Year Month Day	_ _ _ _ _ _ _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_ _ _ _ _ _ _	_ _ _ _ _ _ _  Year Month Day	_ _ _ _ _ _ _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_ _ _ _ _ _ _	_ _ _ _ _ _ _  Year Month Day	_ _ _ _ _ _ _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_ _ _ _ _ _ _	_ _ _ _ _ _ _  Year Month Day	_ _ _ _ _ _ _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_ _ _ _ _ _ _	_ _ _ _ _ _ _  Year Month Day	_ _ _ _ _ _ _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you share custody of your dependent(s) when do they live with you? |\_\_\_\_\_|

## SECTION 4 - PROGRAM INFORMATION FOR THIS SCHOOL YEAR

The information you will be providing below is for an entire academic school year. You have to apply yearly if you are continuing your studies.

Name of Institution: \_\_\_\_\_

Campus, if applicable: \_\_\_\_\_

\_\_\_\_\_  
City Prov/Terr/State

\_\_\_\_\_  
Country

Student Identification Number: \_\_\_\_\_

Name of Program: \_\_\_\_\_  
(i.e. Science, Geography, Engineering, Upgrading, etc.)

What type of program are you taking:

- Certificate (normally 1 year duration)
- Diploma (normally 2 year duration)
- Under-graduate degree (normally 4 year duration)
- Masters/Graduate
- Doctoral

How many years is your program?  (i.e. 1, 2, 3, 4 or 5 year duration)

Current year of program you are entering?  (i.e. 1<sup>st</sup> year of a 2, 3 or 4 year program)

How is your program divided:

- Quarters (3 months)
- Semesters (4 months)
- Other, explain \_\_\_\_\_

For this school year my classes start on: \_\_\_\_\_ and finish on: \_\_\_\_\_ (include exam dates)  
Year Month Day Year Month Day

Are you taking this program by correspondence?  Yes  No

Is part of your program a co-op/work/practicum term?  Yes  No

Co-op/Work/Practicum dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Year Month Year Month

Will you be paid during this co-op/work/practicum term?  Yes  No  
(If you answered yes, you must provide your income for this term at section 10)

## SECTION 5 - CANADA STUDENT LOAN CATEGORY

Have you received a previous Canada Student Loan?  Yes  No

If yes, indicate from which province or territory you received this loan: \_\_\_\_\_

For Canada Student Loan at the start of my classes, I am classified as a: (check one applicable box)

- Single Independent Student** - I have been out of secondary school for 4 years at the start of my classes, Or  
 - I have been working or seeking work for 24 months prior to the start of classes, Or  
 - I am a permanent ward of a family services agency (provide verification from agency), Or  
 - My parents are deceased and I have no guardian/sponsor.
- Single Dependent Student** - I have not been out of secondary school for 4 years at the start of classes, Or  
 - I have not been working or seeking work for 24 months prior to the start of classes, Or  
 - I am not a permanent ward of a family services agency, Or  
 - My parents/guardians are living.
- Married/Common-law Student** - I am part of a family unit with a spouse.
- Single Parent Student** - I am part of a family unit, which includes children but no spouse.

## SECTION 6 - PREVIOUS EDUCATION HISTORY

Name of high school you last attended: \_\_\_\_\_

City	Territory/Province/State	Country

Date you left high school: 

Year	Month

 Last grade completed: \_\_\_\_\_

Check the box that best describes your highest education you have attained:

- |                                               |                                          |                                                          |                                           |
|-----------------------------------------------|------------------------------------------|----------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> High School Graduate | <input type="checkbox"/> College Diploma | <input type="checkbox"/> University Undergraduate Degree | <input type="checkbox"/> Masters Degree   |
| <input type="checkbox"/> Some High School     | <input type="checkbox"/> Some College    | <input type="checkbox"/> Some University Undergraduate   | <input type="checkbox"/> Doctorate Degree |

Name of Post-Secondary Institutions Attended	Program	From Year Month	To Year Month

## SECTION 7 - STUDENT ACCOMMODATION

### PRE-STUDY PERIOD ACCOMMODATIONS

**Definition:** Pre-study period Is the 4 months prior to the month that your classes start.

(e.g. if your classes start in Sept your pre-study period is May-Aug)

**Exception** If you were in school during a portion of this 4 month period, then your pre-study period would be the time between the end of school and the start of your classes for this academic year.

During the pre-study period:

I am/was living at my parent's home. I paid \$\_\_\_\_\_ Room and Board (total amount for pre study period)

I am/was living on my own. I own my home  Yes  No

Indicate which city and province you were residing in during the pre-study period.

City: |\_\_\_\_\_| Territory/Province: |\_\_\_\_\_|

Is your home within a zone that is covered by a bus service?  Yes  No

If no, how far is it between your home and work place or school? |\_\_\_\_\_| (km one way)

### STUDY PERIOD ACCOMMODATIONS

Where will you be living during your study period.

I will be/am living at my parent's home. I will pay/have paid \$\_\_\_\_\_ Room and Board (total amount for study period)

I will be/am living on my own. I own my home  Yes  No

Indicate which city and province you will be/are residing during your study period

City: |\_\_\_\_\_| Territory/Province: |\_\_\_\_\_|

Is your home within a zone that is covered by a bus service?  Yes  No

If no, how far is it between your home and the institution you are attending? |\_\_\_\_\_| (km one way)

## SECTION 8 - STUDENT EMPLOYMENT

Pre Study Period employment status: (check all that apply to you):

I was unemployed during the pre-study period because of family responsibilities. (*attach explanation*)

I was unemployed during the pre-study period for medical reasons (*provide a doctor's certificate*)

I was unemployed during the pre-study period. (*attach explanation*)

I was in school full-time.

I was employed during the pre-study period. Please complete the following:

#### **Job 1**

Employer or EI: |\_\_\_\_\_|

City: |\_\_\_\_\_| Terr/Prov: |\_\_\_\_\_|

Start date: |\_\_\_\_| |\_\_\_\_| |\_\_\_\_|  
Year Month Day

End Date: |\_\_\_\_| |\_\_\_\_| |\_\_\_\_|  
Year Month Day

Hourly Rate (Biweekly for EI): \$ \_\_\_\_\_ .00

Average hours worked per week: |\_\_\_\_\_|

#### **Job 2**

Employer or EI: |\_\_\_\_\_|

City: |\_\_\_\_\_| Terr/Prov: |\_\_\_\_\_|

Start date: |\_\_\_\_| |\_\_\_\_| |\_\_\_\_|  
Year Month Day

End Date: |\_\_\_\_| |\_\_\_\_| |\_\_\_\_|  
Year Month Day

Hourly Rate (Biweekly for EI): \$ \_\_\_\_\_ .00

Average hours worked per week: |\_\_\_\_\_|

If you had more than 2 employers during your pre-study period list information on a separate sheet.

## SECTION 9 - PRE-STUDY AND STUDY PERIOD EXPENSES

Enter the total estimated or actual costs that you will incur during your entire pre-study and study period.

**Definition: Pre-study period** Is the 4 months prior to the month that your classes start.  
(e.g. if your classes start in Sept your pre-study period is May-Aug)

**Exception** If you were in school during a portion of this 4 month period, then your pre-study period would be the time between the end of school and the start of your classes for this academic year.

Tuition/compulsory fees must be entered even though another agency or government is paying for these items on your behalf.

	Pre-Study Period (See Above Definition) CDN \$	Study Period CDN \$
Tuition and compulsory fees (do not include residence fees)		\$ _____ Do not leave blank
Books and supplies (expendable supplies: e.g. books, pencils, pens, typing & photocopying services, etc.)		\$ _____ Do not leave blank
Goods of Lasting Value (e.g. tools, equipment, and computers) <u>Submit your receipt(s) or two estimates</u>		\$ _____
Child Support ( <u>supporting documentation required</u> )	\$ _____ (monthly)	\$ _____ (monthly)
Alimony Support ( <u>supporting documentation required</u> )	\$ _____ (monthly)	\$ _____ (monthly)
Day care Costs (include your cost and subsidy coverage)	\$ _____ (monthly)	\$ _____ (monthly)
Disabled Care Expenses ( <u>supporting documentation required</u> )	\$ _____ (monthly)	\$ _____ (monthly)
Medical/Dental/Optomety (expenses covered under an insurance plan are not eligible expenses)	\$ _____	\$ _____
Full-time or Part-time Student Loan Payments:		
<input type="checkbox"/> Federal	\$ _____ (monthly)	\$ _____ (monthly)
<input type="checkbox"/> Provincial	\$ _____ (monthly)	\$ _____ (monthly)
Other, please specify   _____	\$ _____	
_____		\$ _____

**\*\*NOTE**

Shelter/Rent, Food, Miscellaneous, Local and Return Transportation expenses are pre-set by the Canada Student Loan program. These expenses are based on a moderate standard of living and are automatically applied to your assessment. If you are studying outside Canada, you will be assessed costs based on your official residence in Canada.

## SECTION 10 - STUDENT'S INCOME INFORMATION

Enter your total gross income that you received or will receive for the entire assessment period. Assessment period is the pre-study and study period combined.

**Definition:** Pre-study period Is the 4 months prior to the month that your classes start.

(e.g. if your classes start in Sept your pre-study period is May-Aug)

**Exception** If you were in school during a portion of this 4 month period, then your pre-study period would be the time between the end of school and the start of your classes for this academic year.

Type of Income	Not Applicable	Pre Study Period (See Above Definition)	Study Period
Employment income (unincorporated businesses: gross revenue minus operating expenses)	<input type="checkbox"/>	\$ _____	\$ _____
Employment Insurance (EI)	<input type="checkbox"/>	\$ _____	\$ _____
Canada Pension/Disability or Orphan's Benefit Plan	<input type="checkbox"/>	\$ _____	\$ _____
Worker's Compensation	<input type="checkbox"/>	\$ _____	\$ _____
Social Assistance (First Nations or other Gov'ts)	<input type="checkbox"/>	\$ _____	\$ _____
Child Care Subsidy	<input type="checkbox"/>	\$ _____	\$ _____
Child Support	<input type="checkbox"/>	\$ _____	\$ _____
Alimony Support	<input type="checkbox"/>	\$ _____	\$ _____
Canada Employment Training Allowance (HRDC)	<input type="checkbox"/>	\$ _____	\$ _____
Dept. of Indian Affairs (DIA)	<input type="checkbox"/>	\$ _____	\$ _____
First Nations educational funding	<input type="checkbox"/>	\$ _____	\$ _____
Education Trust Fund/RESP:	<input type="checkbox"/>		\$ _____
Specify:   _____			
Scholarships/bursaries/fellowships/etc.:	<input type="checkbox"/>		\$ _____
Specify:   _____			
Scholarships - Merit based (i.e. marks, etc.):	<input type="checkbox"/>		\$ _____
Specify:   _____			
Other Gov't non-repayable grants/bursaries, etc.:	<input type="checkbox"/>		\$ _____
Specify:   _____			
Other - Specify:   _____	<input type="checkbox"/>	\$ _____	\$ _____

If you have indicated above that another agency/government will help pay for your educational costs complete the breakdown of your assistance.

Tuition & Compulsory Fees	\$ _____
Books & supplies	\$ _____
Living expenses	\$ _____
Transportation	\$ _____

**SECTION 11 - ASSETS (your spouse's assets must be included if applicable)**

In addition to contributions from income, you are also assessed a contribution based on the financial assets and vehicles registered in your name or your spouse's name (if you are married or common-law).

**Definition: Pre-study period** Is the 4 months prior to the month that your classes start.  
(e.g. if your classes start in Sept your pre-study period is May-Aug)

**Exception** If you were in school during a portion of this 4 month period, then your pre-study period would be the time between the end of school and the start of your classes for this academic year.

**Vehicle Assets**

Do you and your spouse (if applicable) own vehicles, motorcycles or recreational vehicles?  Yes  No

If yes, list all vehicles that you or your spouse (if applicable) own on the 1st day of the 4th month prior to the start of classes. (See above Definition for Pre-study)

Make of Vehicle	Model	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Financial Assets**

**Bank Accounts:** Do you and your spouse (if applicable) have chequing and/or savings accounts?  Yes  No

Total of all Student Accounts: \$ \_\_\_\_\_ as of |\_\_\_\_\_| |\_\_\_\_\_| the 1st day of the 4th month prior  
Year Month to the start of your classes. (Pre-Study)

Total of all Spouse Accounts: \$ \_\_\_\_\_ as of |\_\_\_\_\_| |\_\_\_\_\_| the 1st day of the 4th month prior  
Year Month to the start of your classes. (Pre-Study)

Total of all Joint Accounts: \$ \_\_\_\_\_ as of |\_\_\_\_\_| |\_\_\_\_\_| the 1st day of the 4th month prior  
Year Month to the start of your classes. (Pre-Study)

**Investments:**

Do you and your spouse (if applicable) have any investments?  Yes  No

If yes, list all of investments separately for yourself and if applicable your spouse on the 1st day of the 4th month prior to the start of your classes. (Pre-study)

Types of investments to include are mutual funds, T-bills, Canada/Provincial savings bonds, etc.

Investment type	RRSP		Current Market Value	Ownership	
	Yes	No		Self	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

If your spouse is claiming ownership of some or all RRSP, what year did your spouse leave high school? |\_\_\_\_\_|  
(this is required to establish the appropriate deductions for the spouse) Year

**SECTION 12 - SPOUSE OR COMMON-LAW (CL) SPOUSE INFORMATION (if applicable)**

Applicant (Student's) Name: | \_\_\_\_\_ |

SPOUSE NAME: | \_\_\_\_\_ | Social Insurance No.: | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |

The information required below supports your spouse's application for Canada Student Loan and/or Study Grants during the pre-study and study period.

**Definition: Pre-study period** Is the 4 months prior to the month that your classes start.  
(e.g. if your classes start in Sept your pre-study period is May-Aug)

**Exception** If you were in school during a portion of this 4 month period, then your pre-study period would be the time between the end of school and the start of your classes for this academic year.

**PRE-STUDY PERIOD**

- I will be/am unemployed because of family responsibilities. *(attach explanation)*
- I will be/am unemployed for medical reasons *(provide a doctor's certificate)*
- I will be/am unemployed. *(to have the spousal contributions waived, you must provide 5 rejections letters from employers)*
- I will be/am employed.

List the Employer or Income source (EI, Social Asst, Funding agency, etc.)	Hours	Month From	To	City	Terr/Prov/ State	Total Gross Amount (before deductions)
_____	hrs/wk: _____	_____/	_____	_____	_____	\$ _____
_____	hrs/wk: _____	_____/	_____	_____	_____	\$ _____

- I will be/am in school full-time post-secondary.  
Indicate the dates you are or will be attending: From: | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | To: | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |  
Year Month Day Year Month Day

**STUDY PERIOD (period when the applicant is in school)**

- I will be/am unemployed because of family responsibilities. *(attach explanation)*
- I will be/am unemployed for medical reasons. *(provide a doctor's certificate)*
- I will be/am unemployed. *(to have the spousal contributions waived, you must provide 5 rejections letters from employers)*
- I will be/am employed.

List the Employer or Income source (EI, Social Asst, Funding agency, etc.)	Hours	Month From	To	City	Terr/Prov/ State	Total Gross Amount (before deductions)
_____	hrs/wk: _____	_____/	_____	_____	_____	\$ _____
_____	hrs/wk: _____	_____/	_____	_____	_____	\$ _____

- I will be/am in school full-time post-secondary.  
Indicate the dates you are or will be attending: From: | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | To: | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |  
Year Month Day Year Month Day

- Will you be applying for Canada Student Loan assistance?  Yes  No
- Will you be living with your spouse during his/her study period?  Yes  No
- Is your home within a zone that is covered by a bus service?  Yes  No  
If no, how far is it between where you live and where you work or study \_\_\_\_\_ | (km one way)

I declare that the information submitted in this form is correct to the best of my knowledge. I make this declaration knowing that it is an offence under the *Canada Student Loans Act* to knowingly make any false statement or misrepresentation in this application or other documents or to willfully furnish any false or misleading information.

I declare that the designated authority for the Yukon Territory has my authorization to obtain, as required, any information relating to my income, and hereby consent to the release of information in support of this application.

I agree that information pertaining to this application may be shared with other funding agencies.

Spouse Signature: | \_\_\_\_\_ |

Date: | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |  
Year Month Day

Print Name: | \_\_\_\_\_ |

**SECTION 13 - PARENT/LEGAL GUARDIAN INFORMATION (for dependent students)**

Applicant (Student's) Name: \_\_\_\_\_

The province/territory of residence for a single dependent student is that in which the parent(s)/legal guardian(s) has most recently lived or maintained the family home for a period of at *least 12 consecutive months*. If your parent(s)/legal guardian(s) lived in the Yukon, please have them complete the following. A contribution from your parent(s)/legal guardian(s) will be assessed based on family income and size. If your parents(s)/legal guardian(s) are separated/divorced please have the parent(s)/legal guardian(s) that you live with or would normally live with complete the following:

	Parent (A)	Parent (B)
Last Name:	_____	_____
Given Name:	_____	_____
Permanent Mailing Address:	_____	
	_____	
City:	_____	
Prov/Terr/State:	_____	Country: _____
Postal / Zip Code:	_____	Telephone: (____) _____

Give a complete breakdown of where you were physically living for the 2 years immediately prior to the start of your child's classes for this academic year.

	From	To	City	Territory/Province/State	Country
	Year	Month	Year	Month	
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

List of dependent children including applicant:					
Name (Last, First)	Age	Relationship to You	Residing With You	Shared Custody	Attending Post-Secondary
			Yes No	Yes No	Yes No
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

If shared custody when do your dependents live with you? \_\_\_\_\_

- **Submit a copy** of your Revenue Canada income tax summary or a copy of your income tax form from the previous year. If either of you were unemployed, please indicate all other means of income support you are receiving and include supporting documentation.
- I/We declare that the information that I/we submitted in this form is correct to the best of my/our knowledge. I/We make the declaration knowing that it is an offence under *Canada Student Loans Act* to knowingly make any false statements or misrepresentation in an application or other documents, or willfully furnish false or misleading information.
- I/We also understand that signing this form verifies that the information provided is accurate and that I am/we are not co-signing a loan on behalf of the applicant.

\_\_\_\_\_  
Signature of Parent (A)

\_\_\_\_\_  
Signature of Parent (B)

Date: \_\_\_\_\_ Year/Month/Day

Date: \_\_\_\_\_ Year/Month/Day

## SECTION 14 - SUMMARY OF DOCUMENTATION THAT MUST BE SUBMITTED

This summary is to assist in helping you make sure that proper documentation is attached to this application, on its way or is not applicable to you. Your application will not be assessed until proper documentation is received.

On its way    Attached    Not Applicable

- |                          |                                                                                                                           |                          |                                                                                                                                                                                                                                                                                                                                           |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/> | If you are a permanent ward of a family services agency, you must attach supporting documentation from the agency.                                                                                                                                                                                                                        |
| <input type="checkbox"/> | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/> | If you are a Landed Immigrant you must attach a copy of your Confirmation of Permanent Residence.                                                                                                                                                                                                                                         |
| <input type="checkbox"/> | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/> | If you are a Protected Person you must attach a copy of your Protected Person Status Document.                                                                                                                                                                                                                                            |
| <input type="checkbox"/> | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/> | If your spouse was unemployed during the pre-study or study period and you would like to have the spousal contributions waived, you must attach 5 letters from employers that have denied her/his employment.                                                                                                                             |
| <input type="checkbox"/> | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/> | If you are paying child support, you must attach supporting documentation.                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/> | If you are paying alimony, you must attach supporting documentation.                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/> | If you are under the care of legal guardians, please provide a copy of guardianship.                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/> | If you are considered a dependent student under the Canada Student Loan program, you must attach a copy of both your parents/legal guardians income tax summaries or income tax returns from the previous year. If your parents are separated or divorced, attach the required documentation only from the parent you normally live with. |
| <input type="checkbox"/> | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/> | If you are considered a dependent student under the Canada Student Loan program and one or both of your parents/legal guardians were unemployed, you must attach supporting documentation of other means of income.                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/> | If you have purchased or will be purchasing "Goods of Lasting Value", you must attach a receipt or 2 estimates from a store or your institution.                                                                                                                                                                                          |
| <input type="checkbox"/> | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/> | If you have received a Canada Student Loan since August 1 <sup>st</sup> , 1995 through the Yukon Territory, you must attach a copy of your income tax summary or income tax return from the year your last full-time loan was issued.                                                                                                     |
| <input type="checkbox"/> | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/> | If you have received a Canada Student Loan since August 1 <sup>st</sup> , 1995 through the Yukon Territory, and you were married or common-law at the time, you must attach a copy of your spouse's income tax summary or income tax return from the year your last full-time loan was issued.                                            |
| <input type="checkbox"/> | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/> | If you have received a Canada Student Loan since August 1 <sup>st</sup> , 1995 through the Yukon Territory and you are applying for Canada Student Loan this year, you must attach an Official Transcript of marks from the institution, for the year your last full-time loan was issued.                                                |
| <input type="checkbox"/> | <input type="checkbox"/>                                                                                                  |                          | Submit a copy of your income tax summary for the previous tax year.                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/>                                                                                                  |                          | Submit a copy of your most recent official post -secondary transcripts.                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/> | The official transcript that is required for this application will be/has been submitted with my Yukon Grant application. |                          |                                                                                                                                                                                                                                                                                                                                           |

## **SECTION 15 - ADDITIONAL CANADA STUDENT LOAN PROGRAMS**

### **CANADA STUDENT LOAN GRANT PROGRAMS - FULL-TIME**

**GRANT - LOW-INCOME FAMILIES:** A Grant for students from low-income families is available to a student whose parental income falls below established income thresholds, must be attending a program of a minimum of 2 years and have a demonstrated need of at least \$1. This grant provides a student with \$250 per month of study and will automatically be assessed when applying for a full-time Canada Student Loan.

**GRANT - MIDDLE-INCOME FAMILIES:** A Grant for Students from middle-income families is available to a student whose parental income falls below established income thresholds, must be attending a program of a minimum of 2 years and have a demonstrated need of at least \$1. This grant provides a student with \$100 per month of study and will automatically be assessed when applying for a full-time Canada Student Loan.

**GRANT - DEPENDENTS:** A Grant is available for students with dependent(s). At the start of your classes, dependents must be under the age of 12 years and/or permanently disabled. Full-time students whose family income falls below established income thresholds who have demonstrated need of at least \$1 may receive \$200 per month of study per dependent.

**GRANT - PERMANENT DISABILITIES:** A Grant for students with permanent disabilities in full time studies (minimum 40% course load) is available to students who have demonstrated need of \$1. The amount of the grant is \$2,000 per loan year. Students must provide proof of their permanent disability along with the application. A **Schedule A** is required with your full-time Canada Student Loan application.

#### **GRANT - PERMANENT DISABILITIES - SERVICES & EQUIPMENT:**

A grant for Services & Equipment is available to assist with exceptional education related costs that are associated with certain disabilities to a maximum of \$8,000 per year. This Grant is available to a student with permanent disabilities in full time studies (minimum 40% course load). If you are unable to repay your loan due to your disability the Federal Government may pay it back on your behalf. A **Schedule A** is required with your full-time Canada Student Loan application.

### **CANADA STUDENT LOAN AND GRANT PROGRAMS - PART-TIME**

#### **LOAN FOR PART-TIME STUDIES:**

Students studying between 20 and 59% of a full course load may be eligible for a part-time loan. The life-time maximum part-time loan available to a student is \$10,000. Use the part-time Canada Student Loan and Grant application.

#### **GRANT - PART-TIME STUDIES:**

Students studying between 20 and 59% of a full course load may be eligible for a grant up to \$1,200 per loan year. This grant will automatically be assessed when applying for a part-time Canada Student Loan.

**GRANT - PART-TIME - DEPENDENTS:** Part-time students must have been assessed the maximum financial need and may receive the lesser of their assessed need, \$40 per week of study for one or two dependents, \$60 per week of study for three or more dependents to a maximum of \$1,920. At the start of your classes, dependents must be under the age of 12 years and/or permanently disabled. This grant is automatically assessed when applying for a part-time Canada Student Loan.

#### **GRANT - PERMANENT DISABILITIES - SERVICES & EQUIPMENT:**

A grant for Services & Equipment is available to assist with exceptional education related costs that are associated with certain disabilities to a maximum of \$8,000 per year. This Grant is available to a student with permanent disabilities in part time studies (20-39% course load). If you are unable to repay your loan due to your disability the Federal Government may pay it back on your behalf. A **Schedule A** is required with your full-time Canada Student Loan application.

**SECTION 16 - STUDENT DECLARATION AND CONSENT**

**IMPORTANT – READ CAREFULLY AND SIGN IN INK**

This information is being collected under the authority of the *Yukon Student Financial Assistance Act* and *Canada Student Loans Act* and respective regulations for the purpose of administering territorial, federal or other student loan and grant programs. This would include determining eligibility, sharing information with other agencies as required and establishing related databases. For further information please contact or direct inquiries to the Student Financial Services Officer at (867) 667-5929 or visit our office at the Education Building, 1000 Lewes Blvd., Whitehorse, Yukon.

- I hereby authorize Human Resources Development Canada to release information to the Student Financial Assistance Unit about my Employment Insurance Claim, employment related issues and/or training related income support that I may be receiving.
- I hereby authorize student financial assistance, agencies, government departments, institutions and employers, to release and gather information related to this application.
- I hereby authorize the Student Financial Assistance Office of the Government of Yukon to obtain information about my credit history, including a complete report, from a consumer-reporting agency or financial institution for the purpose of determining whether I am eligible for a Canada Student Loan.
- I consent to give permission to access/discuss my personal and financial information with regard to my Canada Student Loan application to a parent, legal guardian, spouse or a third party:

Yes Print Name of person(s) we can release information to: 1. \_\_\_\_\_  
and/or  
2. \_\_\_\_\_

No

If I choose to revoke this Consent to Release Information before the end of this academic year, I may do so at any time by submitting a written letter to Yukon Student Financial Assistance.

- I understand that it is my responsibility to provide accurate financial information on this application form. If the financial information I provide is inaccurate this may result in an over-award. This over-award will be recovered on future approved loans. I also understand that if this loan is approved. I must **pay** it back within the prescribed time and **agree** to all conditions of the loan agreement.

I make this declaration conscientiously believing that the information in this application is true and correct, and knowing that it is of the same force and effect as if made under oath. I understand that false or misleading information in relation to this application constitutes an offence pursuant to the provisions of the Criminal Code of Canada.

Signature of Student: | \_\_\_\_\_ | Date | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ |  
Year Month Day

Print Name: | \_\_\_\_\_ |

**NOTE: YOU MUST CONTACT YOUR LENDER TO MAKE ARRANGEMENTS FOR REPAYMENT WITHIN 6 MONTHS OF COMPLETION OF YOUR PROGRAM OR IF YOU CEASE TO BE A FULL-TIME STUDENT.**

**PLEASE READ ON** for important information on how to maintain your Yukon Health Care while attending school outside the Yukon.

# IMPORTANT

## YUKON HEALTH CARE COVERAGE FOR

### STUDENTS ATTENDING EDUCATIONAL INSTITUTIONS OUTSIDE THE TERRITORY

**If you are attending post-secondary education outside of Yukon, you must inform the Yukon Health Care Insurance office that you are temporarily leaving the Yukon for educational purposes. A temporary absence form is at the back of this application for your convenience.**

If you are planning to further your education outside of the Yukon you remain eligible for physician and hospital benefits under the Yukon Health Care Insurance Plan and Hospital Insurance Services Plan.

To continue to receive physician and hospital health care coverage while out of the territory you must:

- be in full time attendance at a university or other recognized educational institution;
- intend to return to the Yukon Territory permanently upon completion of your studies;
- submit a "Temporary Absence" form for approval prior to your original date of departure and for each year you are absent;
- submit a "Letter of Explanation" if you do not plan to, or cannot, return home at least once per year excluding vacation;
- contact the Health Services Branch upon your return to the Yukon - failure to do so may result in the cancellation of your health care coverage.

However, there are limitations to your coverage. Your benefits under the Travel for Medical Treatment Program cease on the day you leave the territory.

**Please Note:** Ambulance or medevac flights are NOT COVERED outside the Yukon.

If you are registered on the Chronic Disease Program you may be reimbursed for the cost of drugs when you submit original paid receipts upon returning to the territory if you have maintained your Yukon health care coverage for the duration of your absence.

**We strongly advise that you purchase additional Health Care Insurance while out of the Yukon.**

### ATTENDING EDUCATIONAL INSTITUTIONS IN CANADA

Regardless of the province or territory in which you attend school, insured hospital and physician services are 100% covered. If you see a physician or are hospitalized, the bills for your expenses will be charged back to the Yukon for payment under the terms of the Inter-provincial Reciprocal Billing Agreement. (Note: Quebec is not part of the Inter-Provincial Reciprocal Billing Agreement and physicians/hospitals may want payment at the time the service is provided. These expenses will be reimbursed to you on submission of paid receipts.) You are responsible for any service or treatment received that is not insured under the Yukon Health Care Insurance Plan.

### ATTENDING EDUCATIONAL INSTITUTIONS OUTSIDE OF CANADA

Coverage of insured hospital and physician's services is limited to the maximum amount that would be paid to receive that same service in the Yukon. Most out of country health care providers will require that payment be made at the time services are provided. Reimbursement is issued by Yukon Health Care Insurance on receipt of paid invoices. You are 100% responsible for any costs over the Yukon rate and for any service or treatment received that is not insured under the Yukon Health Care Insurance Plan.

Yukon Health Care Insurance Plan  
P.O. Box 2703, Whitehorse, Yukon Y1A 2C6  
Phone: (867) 667-5209 Fax (867) 393-6486

**PLEASE COMPLETE THE TEMPORARY ABSENCE FORM ON THE NEXT PAGE**



TEMPORARY  
ABSENCE FORM  
Box 2703  
Whitehorse, Yukon  
Y1A 2C6

Information is being collected under the authority of the *Health Care Insurance Plan Act* for the purpose of determining program eligibility. Queries should be directed to Registration at 667-5209 or toll free 1-800-661-0408, or in writing at H-2, Box 2703, Whitehorse, Yukon Y1A 2C6.

YHCIP no. \_\_\_\_\_ Leave date \_\_\_\_\_  
Return date \_\_\_\_\_  
Name \_\_\_\_\_ Yukon address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for absence \_\_\_\_\_ Yukon telephone no. \_\_\_\_\_  
\_\_\_\_\_ Temporary address \_\_\_\_\_  
\_\_\_\_\_  
Signature \_\_\_\_\_  
Received by \_\_\_\_\_ Entered \_\_\_\_\_

MUST HAVE A YUKON ADDRESS AND RETURN DATE

RETURN FROM TEMPORARY ABSENCE

Date Returned \_\_\_\_\_ Change of address \_\_\_\_\_  
\_\_\_\_\_  
Signature \_\_\_\_\_  
Received by \_\_\_\_\_ Entered \_\_\_\_\_