



Income Security Programs APPLICATION FOR FULL-TIME STUDENT FINANCIAL ASSISTANCE

OFFICE USE ONLY
Date Received - YY/MM/DD

YOU MUST SUBMIT AN APPLICATION EVERY YEAR

Your academic year begins:	August 16 - September 30	January	All Other Months
Your application deadline is:	July 15	November 15	One Calendar Month Prior

1 STUDENT INFORMATION

Last Name		First Name	
Middle Name(s)		Previous Last Name(s)	
Mailing Address			
Street Address			
Community		Territory/Province	Postal Code
Telephone (Home) ()		Email Address	
Social Insurance Number / /	Health Care Number	Place of Birth	Date of Birth - YY/MM/DD
Gender <input type="radio"/> Female <input type="radio"/> Male	Citizenship <input type="radio"/> Canadian Citizen <input type="radio"/> Permanent Resident <input type="radio"/> Other (Explain): _____	Current Marital Status <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Common Law (Living together for 12 continuous months)	Will you be living with your parents while in school? <input type="radio"/> Yes <input type="radio"/> No
Have you ever claimed bankruptcy? <input type="radio"/> Yes <input type="radio"/> No If "Yes", give date of Absolute Discharge - YY/MM/DD: _____			

Next of Kin Address (not your spouse or children)

Last Name		First Name	
Relationship to You			
Mailing Address			
Street Address			
Community		Territory or Province/Country	Postal Code
Telephone (Home) ()		Email Address	

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

nwtsfa@gov.nt.ca

www.nwtsfa.gov.nt.ca

NWT8711/0308

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**Student Financial Assistance
Contact Numbers:**
Phone: 1-800-661-0793 / 867-873-7190
Fax: 1-800-661-0893 / 867-873-0336

Return To: Student Financial Assistance
 Box 1320, Yellowknife, NT X1A 2L9
Street Address:
 4501 - 50th Avenue in Yellowknife

2 TYPE OF ASSISTANCE

Check off what you are applying for

- Basic Grant Supplementary Grant *or* Remissible Loan Repayable Loan
 NWT Study Grant for Students with Permanent Disabilities - Please submit a completed Disability Assessment Form
 NWT SFA Scholarships
 To be considered you must submit Form C - Scholarship Assessment Form along with an official copy of your transcripts

Application deadline for Canada Millennium Bursaries - July 15

- Canada Millennium Bursary Canada Millennium Access Bursary - Applicable to Aurora College students

3 SPOUSE AND DEPENDANT INFORMATION

Provide the following information for your spouse/children

Name		Health Care Number	Social Insurance Number	Living with me during school?
Date of Birth - YY/MM/DD / /	Gender <input type="radio"/> Female <input type="radio"/> Male	Relationship to you? <input type="radio"/> Spouse <input type="radio"/> Son <input type="radio"/> Daughter <input type="radio"/> Other _____		<input type="radio"/> Yes <input type="radio"/> No
Name		Health Care Number	Social Insurance Number	Living with me during school?
Date of Birth - YY/MM/DD / /	Gender <input type="radio"/> Female <input type="radio"/> Male	Relationship to you? <input type="radio"/> Spouse <input type="radio"/> Son <input type="radio"/> Daughter <input type="radio"/> Other _____		<input type="radio"/> Yes <input type="radio"/> No
Name		Health Care Number	Social Insurance Number	Living with me during school?
Date of Birth - YY/MM/DD / /	Gender <input type="radio"/> Female <input type="radio"/> Male	Relationship to you? <input type="radio"/> Spouse <input type="radio"/> Son <input type="radio"/> Daughter <input type="radio"/> Other _____		<input type="radio"/> Yes <input type="radio"/> No
Name		Health Care Number	Social Insurance Number	Living with me during school?
Date of Birth - YY/MM/DD / /	Gender <input type="radio"/> Female <input type="radio"/> Male	Relationship to you? <input type="radio"/> Spouse <input type="radio"/> Son <input type="radio"/> Daughter <input type="radio"/> Other _____		<input type="radio"/> Yes <input type="radio"/> No

4 RESIDENCY INFORMATION

Provide your residency information since January 1, 1999

From YY/MM/DD	To YY/MM/DD	Community and Territory/Province	If you lived outside of the NWT but qualified as ordinarily resident, explain:
/ /	/ /		
/ /	/ /		
/ /	/ /		
/ /	/ /		

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

Print your name: _____

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

5 STUDENT CATEGORY

Indicate your student category by checking the circle in front of the appropriate category

Northern Indigenous Aboriginal Resident

Please provide: Treaty Card Registry Number _____
 Land Claim Beneficiary Number _____
 and **FORM F**, if not already on file _____
 Metis Local Number _____
 and **FORM F**, if not already on file _____

Indicate how you would like to receive your monthly living allowance:

Supplementary Grant **or** Remissible Loan

Northern Resident

Provide years of elementary and secondary schooling

From YY / MM	To YY / MM	Grades Completed	Community and Territory/Province	If you lived outside of the NWT but qualified as ordinarily resident, explain:
/	/	to		
/	/	to		
/	/	to		
/	/	to		
/	/	to		

6 INSTITUTION(S) AND PROGRAM(S)

List, in order of preference, the programs and institutions you will most likely attend this academic year

Institution		Program	Community/Territory/Province/Country
Start Date - YY/MM/DD / /	End Date - YY/MM/DD / /	<input type="radio"/> License <input type="radio"/> Certificate <input type="radio"/> Diploma <input type="radio"/> Undergraduate <input type="radio"/> Masters <input type="radio"/> Doctorate	Distance Learning? <input type="radio"/> Yes <input type="radio"/> No How many semesters? _____
Institution		Program	Community/Territory/Province/Country
Start Date - YY/MM/DD / /	End Date - YY/MM/DD / /	<input type="radio"/> License <input type="radio"/> Certificate <input type="radio"/> Diploma <input type="radio"/> Undergraduate <input type="radio"/> Masters <input type="radio"/> Doctorate	Distance Learning? <input type="radio"/> Yes <input type="radio"/> No How many semesters? _____
Institution		Program	Community/Territory/Province/Country
Start Date - YY/MM/DD / /	End Date - YY/MM/DD / /	<input type="radio"/> License <input type="radio"/> Certificate <input type="radio"/> Diploma <input type="radio"/> Undergraduate <input type="radio"/> Masters <input type="radio"/> Doctorate	Distance Learning? <input type="radio"/> Yes <input type="radio"/> No How many semesters? _____

Print your name: _____

7 INCOME OF STUDENT AND SPOUSE

List all types of income you and your spouse have earned during the 4 months before school and while you will be in school. You must provide the net amount of all incomes listed. Net income is the amount after all deductions.

If you do not know the exact amounts while you are completing this application, you can provide estimates and update your file with the correct amounts prior to commencing full-time studies.

Do not list any benefits you may be eligible for through the NWT SFA program.

	Total - 4 Months Before		Monthly While in School (during academic year)	
	You	Your Spouse	You	Your Spouse
1. Full-time Employment Income				
2. Income Assistance (Official document explaining benefits is required)				
3. Employment Insurance, Parental and Maternity Benefits				
4. Disability Pensions / Workers' Compensation Payments (Official document explaining benefits is required)				
5. Alimony / Child Support Income				
6. Training and Education Allowances (Official document explaining benefits is required)				
7. Aboriginal Human Resource Development Agreement (Official document explaining benefits is required)				
8. Education Leave Allowances From Employer (Official document explaining benefits is required)				
9. Child Care Subsidy				
10. Building Essential Skills Program (Part II, LMDA)				
11. Widow / Orphan Benefits				
12. Retirement Pensions / Annuities				
13. Severance / Layoff Payout (Official document explaining benefits is required)				
14. Profits from Investments / Rentals				
15. Tuition Benefits (not from NWT SFA) (Official document explaining benefits is required)				
16. Travel Benefits (not from NWT SFA) (Official document explaining benefits is required)				
17. Scholarships (not included in assessments)				
18. Bursaries / Fellowships				
19. National Child Benefit Supplement				
20. Other (explain):				
21. Other (explain):				
22. Other (explain):				

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

Print your name: _____

10 APPLICANT DECLARATION and CONSENT (must be signed and witnessed)

This information is being collected under the authority of the *Access to Information and Protection of Privacy (ATIPP) Act*, Section 41.1(g) and the *Northwest Territories (NT) Student Financial Assistance (SFA) Act and Regulations*. The information will be used to determine my initial and continued eligibility for SFA, the Canada Millennium Scholarship Foundation (CMSF) bursary program, and for the general administration and enforcement of these programs. The privacy provisions of the *ATIPP Act* protect my information.

Personal information is defined under the *ATIPP Act*, Section 2. All applicants have the right to examine and request correction of his or her records and to request a review by the Information and Privacy Commissioner. If you have any questions about the collection of information, contact the SFA Supervisor, Department of Education, Culture and Employment, SFA, Box 1320, Yellowknife, NT, X1A 2L9, or call 1-800-661-0793 or 1-867-873-7190.

Part A - Applicant (Mandatory)

1. I declare that:

- The information given on this SFA application is true and is subject to audit.
- I will immediately notify the SFA program in writing if my, my spouse's, or my dependant's personal information changes.
- I understand that I cannot apply for, and am not entitled to receive financial aid from any other province, territory or country for the same period of time that I am receiving SFA from the NT.

2. I agree to:

- Follow the terms and conditions of any loan documents that I have signed.
- Use any SFA benefits awarded to me towards the cost of my education and return any SFA refunds or benefits that I am not entitled to.
- Provide information or documents to verify my initial and continued eligibility for SFA benefits within 20 days of request.

3. I understand that:

- The income that I receive from any source, including but not limited to Education Leave Benefits and Aboriginal Human Resource Development Agreements, must be reported immediately to the SFA program and that it may affect the SFA that I am entitled to.
 - I may have to immediately return any SFA received in prior, current or future years if there were/are changes to my personal information.
 - If I make a false or misleading statement, I may be required to immediately repay all SFA benefits received and/or be denied future SFA benefits and or may be subject to criminal prosecution.
 - If I have an outstanding debt with the Government of the Northwest Territories (GNWT), I may be denied SFA, or that debt may be deducted in part or whole, from my SFA benefits.
 - If I am unable to meet the GNWT's credit worthiness requirements as defined in the Financial Administration Manual, Section 907, under the authority of the *Financial Administration Act*, I may be denied SFA benefits.
 - My personal information may be provided to other provincial and territorial governments for the purpose of verifying eligibility for other financial aid programs and to detect fraud.
 - My contact information may be released to GNWT Maintenance Enforcement Program to be used to contact debtors.
 - My financial information may be released to GNWT Income Security Programs to verify eligibility for these benefits.
 - My financial information may be released to the CMSF to administer this program.
 - SFA will contact other agencies to verify the information I have provided as part of determining my initial and continued eligibility for SFA and CMSF benefits and to detect fraud. These agencies may include, but are not limited to the following: other GNWT departments, federal, territorial or municipal governments including driver and vehicle licensing programs, Human Resource Skills Development including Record of Employment and Employment Insurance, Parental and Maternity Benefits, Canada Revenue Agency and Canada Citizenship and Immigration, Aboriginal agencies, housing management bodies, financial institutions, airline and travel agencies, landlords, educational institutions, employers and child care providers.
- 4. I consent to the release of:** personal information to the SFA program by those agencies listed in 3.j. above to verify any personal information provided to determine my initial and continued eligibility for SFA and CMSF.

<input checked="" type="checkbox"/> _____ Applicant's Signature (Mandatory)	_____ Date - YY/MM/DD	<input checked="" type="checkbox"/> _____ Witness's Signature (Mandatory)	_____ Date - YY/MM/DD
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Part B - Spouse (Mandatory)

5. As the applicant's spouse, I consent to the release of my personal information to the SFA program by the agencies in section 3.j. above, for the purposes of determining the applicant's initial and continued eligibility for SFA and CMSF benefits.

<input checked="" type="checkbox"/> _____ Spouse's Signature (Mandatory)	_____ Date - YY/MM/DD	<input checked="" type="checkbox"/> _____ Witness's Signature (Mandatory)	_____ Date - YY/MM/DD
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Part C - Applicant (Optional)

6. I further consent to the release of my:

- Contact information to GNWT programs and departments to distribute information on employment and training opportunities and financial assistance.
- Financial information to GNWT housing programs to determine eligibility for housing benefits.
- Personal information to Aboriginal agencies for the purpose of verifying eligibility for their educational benefits.
- Financial information to educational institutions for the purpose of verifying student funding.
- Financial information to employers for the purpose of verifying eligibility for education benefits.

I understand that my refusal to consent to number 6 above will not result in any adverse decisions about rights, benefits or services currently being provided to me by SFA. However, I may lose access to benefits, training and consideration for job opportunities listed in number 6 above.

<input checked="" type="checkbox"/> _____ Applicant's Signature	_____ Date - YY/MM/DD	<input checked="" type="checkbox"/> _____ Witness's Signature	_____ Date - YY/MM/DD
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All sections are mandatory - Place a dash or line through boxes that do not apply to you.