# Application for Student Financial Assistance for Full-Time Post-Secondary Students in New Brunswick 2023-2024

You can apply online at studentaid.gnb.ca

This application is for programs starting between August 1, 2023 and July 31, 2024.

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 TollFree: 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.

#### Social Insurance Number (SIN): Date of Birth (yyyy/mm/dd): Legal First Name Legal Last Name Middle Initial Gender: ☐ Female ■ Male $\square X$ ☐ English ☐ French Language: Citizenship Check ( $\checkmark$ ) 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): \_\_\_\_

Social Insurance Number (SIN)

Wecannot 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.

If none of the above apply to you, you are not eligible for funding under the Canada-New Brunswick Integrated Student Financial Assistance Program.





Personal Information

**Mailing address and permanent address**. Your mailing address and email address are **mandatory** and yourapplication 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.

Contact NSLSC at 1-888-815-4514 or visit nslsc.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 ( <b>mandatory</b> ): _		
Permanent Address (if d	ifferent from mailing addres	ss)
,	ur permanent address and address and telephone num	<del>-</del>
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	l a student loan from New Brur	nswick? 🗆 Yes 🗖 No
If <b>yes</b> , most recent year	received:	
Have you previously received Brunswick? □ Yes □ No	l a student loan from a province	e or territory other than New
If <b>yes</b> , from which provi	nce or territory:	
Most recent year receiv	/ed:	_

#### **Email address**

We cannot process your application without your email address. You are required to provide an email address in order to receive student loan/grant funding. Refer to the Instructions for further details.

#### **Credit Check**

Applicants who have not previously received student financial assistance from New Brunswick may be subject to a credit check.





#### **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, <b>do you consider yourself to be of Indigenous ancestry</b> ?
□ 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 Disabilities
This section is used to determine eligibility for student grants.
Do you have a disability?
□ Yes □ No
Has your disability already been approved under the New Brunswick Student Financial Assistance Program?
□ Yes Does your disability still impact your studies? □ Yes □ No
You must have your school provide a <i>Request for Program Information Form</i> . Your application cannot be processed until all supporting documents are received.
□ No
You must submit a completed <i>Disability Verification Form</i> and have your school provide a <i>Request for Program Information Form</i> . These forms are available at <u>studentaid.gnb.ca</u> . Your application cannot be processed until all supporting documents are received.

If you are experiencing difficulties in obtaining the required documentation, please contact

#### Indigenous Students

Students who selfidentify as
Indigenous
learners are
exempt from
making a fixed
student
contribution.

# Students with Disabilities

**Disability supports** and benefits are available for students whose disability meets the Canada **Student Financial** Assistance Program's definition of a permanent disability or a persistent or prolonged disability. For more details, refer to the Instructions.





Student Financial Services at 1-800-667-5626.

Marita	l Status (a	s of the first day of cl	asses)			Marital status Check "Common-
☐ Single	☐ Married	☐ Common-law	☐ Separated	☐ Divorced	☐ Widowed	law" if you claimed your marital status
-		or <b>Common-law</b> , ind you wish to apply fo	-		_	as common-law on your 2022 Income
You	lent Financial and your pa	for full consideration Assistance Program ortner are required -Law Applicant.	ns – a partner's	contribution n	nay apply.	Tax Return. If you are in a commonlaw relationship and did not claim your marital status as common-law on
Info	required to	for New Brunswick complete the <i>Par</i> ons of Appendix	tner Information	and the Stu	idy Period	your 2022 Income Tax Return, refer to the Instructions.
Refer to th	ne <u>Instructions</u>	s for more informat	ion on Partner's	Contribution.		
Annlic:	ant Depei	ndants				
Аррис	ant Deper	idants				Dependants
the first do	ay of your stud dependants a	en who will be living dy period for the 20 re permanently dis	23-2024 academ	ic year. Please	indicate if any	These include: • children who are 18 years of age or
Instructio	ns for required	d documentation.				younger for whom you or your
First De	pendant					partner have physical custody
Legal First	Name		Legal Last Nam	e		<ul><li>and control;</li><li>children who are</li></ul>
Relationsh	ip to you:					in full-time studies
Date of Bir	th (yyyy/mm/d	d):			Age:	and meet the dependent student
If this depe	endant is 12 ye	ars or older, are the	y permanently di	sabled? 🗖 Yes [	□ No	criteria; • anyone claimed
Is this dep	endant enrolle	d in post-secondary	studies? □ Yes □	□ No		as wholly
lf <b>yes</b> ,	provide the fo	ollowing information	ղ:			dependent on your 2022 Income Tax
_		N				Return.





(Refer to the

**Instructions**)

Social Insurance Number: \_\_\_\_\_

Dates of Study: From (yyyy/mm) \_\_\_\_\_\_ To (yyyy/mm) \_\_\_\_\_

Also applying for student financial assistance?  $\square$  Yes  $\square$  No

### **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	r older, are they permanently disabled	? □ Yes □ No
Is this dependant enrolled in p	ost-secondary studies? □ Yes □ No	
If <b>yes</b> , provide the following	g information:	
Social Insurance Numb	er:	
Dates of Study: From (y	/yyy/mm) To (yyyy/mm)	
Also applying for stude	nt financial assistance? ☐ Yes ☐ No	
Legal First Name	Legal Last Name	
Legal First Name	Legal Last Name	
Relationship to you:		
Date of Birth (yyyy/mm/dd):		Age:
If this dependant is 12 years or	r older, are they permanently disabled	? □ Yes □ No
Is this dependant enrolled in p	ost-secondary studies? ☐ Yes ☐ No	
If <b>yes</b> , provide the following	g information:	
Social Insurance Numb	er:	
Dates of Study: From (y	yyyy/mm) To (yyyy/mm) _	
Also applying for stude	nt financial assistance? ☐ Yes ☐ No	
If you have more than three de	ependants, attach an extra sheet of pa	per to the application

If you have more than three dependants, attach an extra sheet of paper to the application with their information.





#### Single Student without Dependants

or in a common-law relationship, check  $(\checkmark)$  the box that best fits your situation, as of the first day of your study period for the 2023-2024 academic year. ☐ You have been out of high school for **four** years or more (June 2019 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.

If you are a single student with no dependants and have never been/are no longer married

# In the Labour Force

Students are considered to be in the labour force if they are working, actively seeking employment, or receiving Employment Insurance benefits.

# Youth Engagement Services

If you are receiving financial assistance under Youth Engagement Services (YES), you must provide a letter stating this from the Department of Social Development.





#### **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 <u>Instructions</u>.

Check ( $\checkmark$ ) the box that best fits your situation, as of the first day of your study period for the 2023-2024 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 2023-2024 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 Brunswickfor the 12 consecutive months before the first day of your study period for the 2023-2024 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 2023-2024 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 2023-2024 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 canada.ca/student-financial-assistance.

#### **NB Residency**

Your residency is determined by your parents if you are a dependent student; determined by yourself if you are an independent or single parent student; or determined by you or your partner if you are married or common-law.

Indigenous
Students/
Permanent
Residents/
Protected Persons

If you are an Indigenous student, a Permanent Resident or a Protected Person, you must be considered a resident of New Brunswick in order to be considered for the provincial portion of assistance. If you are not considered a resident of New Brunswick or any other Province/Territory of Canada, you can complete the application and you will be considered for the federal portion of assistance. Refer to the Instructions for required documentation.





#### **Program Information**

You must have your school complete a separate <u>Request for Program Information</u> form if you are:

- applying as a student with a 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 Maritime 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 school to forward the completed form directly to SFS.

#### All students must complete the following section:

Student ID Number (if known	n):		
Name of Post-Secondary Sch	ool:		
City/Town of Campus you are	e attending:		
Area Code and Telephone No.:			
Address of Post-Secondary S	chool:		
City/Town	Province/Territory	Country (other than	n Canada)
Program Name (example, Arts	):		
Program Specialization/Majo	r (example, History):		_
This program leads to a:  ☐ Certificate ☐ Diploma ☐	<b>]</b> 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 (yy	/yy/mm):		

# Program Information

If we are unable to determine your program of study based on the information you provide, we may request a <u>Request for Program</u>
<u>Information</u> form.

If your school and/or program of study are not currently designated in New Brunswick, the processing time for your application may be extended.

# Year of program

If you are in your second year of a four year degree program, you would enter year 2 of a 4 year program. This may not be the same as the number of years you have been in studies.





Indicate start and end dates for	your academic y	/ear:	
	Start Date (yyyy/	/mm)	End Date (yyyy/mm)
Study Term (in classes) Co-op Work Term Practicum			
Are you taking all of your cours remote delivery?	es online, throug Yes □ No	h correspon	dence or other form of
Accommodation			
Dependent/Independent/Sing	gle Parent Stude	ents:	
While in classes, will you live wi	th your parent(s)	? □ Yes □	No
If <b>no</b> , indicate where you			
	City/	Town	Province/Territory
How far is your parent's home	from the educati	onal instituti	on you plan to attend?
km (number of kilom	etres one way)		
Married/Common-law Stude	nts:		
While in classes, will you live wi	th your partner?	□ Yes □ N	No
<b>If no</b> , which of you will re	side away from y	our family h	ome: 🗆 You 🗀 Your Partner
Where is the secondary resider	nce located?		
		City/Town	Province/Territory
How many weeks will you or yo	our partner live a	way from yo	ur family home? weeks
Co-op Work Term/Practicum:			
Will you live with your parent/p	artner while:		
Completing your co-op work	term?	☐ Yes	□ No
Completing your practicum?	•	☐ Yes	□ No
If <b>no</b> , indicate where yo			
	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 School?  ☐ Yes ☐ No
<b>If yes</b> , provide the following detailed information for each year you have attended a Post-Secondary School 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 Post-Secondary School
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 Post-Secondary School
Name of Program
Start Date (yyyy/mm) End Date (yyyy/mm)





Year of Study Level of	f Study* Faculty and Major	
Did you graduate? ☐ Yes ☐ No		
Did you receive a Canada/New E	runswick Student Loan during this stu	dy period? □ Yes □ No
Name of Post-Secondary School		
Name of Program		
Start Date (yyyy/mm)	End Date (yyyy/mm)	
Year of Study Level o	f Study* Faculty and Major	
Did you graduate? ☐ Yes ☐ No		
Did you receive a Canada/New E	runswick Student Loan during this stu	dy period? □ Yes □ No
Name of Post-Secondary School		
Name of Program		
Start Date (yyyy/mm)	End Date (yyyy/mm)	
Year of Study Level o	f Study* Faculty and Major	
Did you graduate? ☐ Yes ☐ No		
Did you receive a Canada/New B	runswick Student Loan during this stu	dy period? □ Yes □ No
Name of Post-Secondary School		
Name of Program		
Start Date (www/mm)	End Date (www/mm)	





#### **Applicant Study Period Resources**

### **Income Tax Information** Did you file a 2022 Income Tax Return? ☐ Yes □ No Were you employed in 2022? ☐ Yes □ No You are required to provide the amount showing on the following line numbers of your 2022 Income Tax Return. Enter "0" if there is no amount reported/to be reported. \$ \_\_\_\_\_ . \_\_\_\_ Total Income: Line 15000 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 2023-2024 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, meritbased scholarships, doctoral fellowships, need based scholarships or bursaries, etc. Do not include any expected from Student Financial Services. Source \_\_\_\_\_ Name \_\_\_\_\_ Source \_\_\_\_\_ 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

#### Income Tax Return

If you have not yet filed your 2022 tax return, provide the information that you will be reporting on the 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.

# Study Period Income

You do **NOT** need to include the following resources: savings, RRSPs, RESPs, RDSPs, employment income, Social Assistance benefits, **Employment** Insurance benefits, CPP/QPP benefits, Canada child benefit or PSSSP funding provided by Indigenous and Northern Affairs Canada.





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?  $\square$  Yes  $\square$  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 (yyy	/y/mm)	_ End Date (yyyy	/mm)
☐ Employed	☐ Receiving Employmen	t Insurance	☐ Seeking Employment
Province			
Name of Empl	oyer		
Start Date (yyy	/y/mm)	_ End Date (yyyy	/mm)
☐ Employed	☐ Receiving Employmen	t Insurance	☐ Seeking Employment
Province			
Name of Empl	oyer		
Start Date (yyy	/y/mm)	_ End Date (yyyy	/mm)
☐ Employed	☐ Receiving Employmen	t Insurance	☐ Seeking Employment
Province			

# Training and Skills Development

If you are a WorkingNB client receiving TSD, your TSD funding must be included as a resource in order to be considered for all federal and provincial Student Financial Assistance (SFA). If your TSD funding information is not provided or not yet finalized, your application will be assessed for **New Brunswick** Loan only. Refer to the Instructions for more information.





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/commonlaw 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 declaration and consent is valid for the duration of the program(s) or service(s) and the monitoring associated with it.

X	
Signature of Applicant	Date
Canada Revenue Agency Authorization	
In the event that my student loan is transferred to the Central Co Student Loans Service Centre, I give consent to the Canada Revenu number to the Central Collection Services unit. I understand the repayment arrangements of the provincial portion of my student loan is repaid in full.	ue Agency to provide my most current address and telephone nat this information will be used to contact me to establish
X	
Signature of Applicant	Date





# Appendix A Authorization to Disclose Information 2023-2024

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

ignature of Applic	ant	Date		
	ant	Date		
ERSON(S) A	UTHORIZED TO COMMUN	IICATE WITH THE DEP	ARTMENT	
	more than one person			
. Name of Third	Party:			
	First Name	Last Name	1	nitial
Address:				
	Street Address, P.O. Box, Apt. No.	City/Town	Province	Postal Code
Area Code and	d Telephone No.: ( )			
	   Party:			
Name of Third		Last Name/		Initial
Name of Third	First Name			
Name of Third	First Name			





# Appendix B Parents, Guardians, or Sponsors of Dependent Applicants 2023-2024

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 refere	nce purposes, p	provide the name and So	icial Insurance Nu	imber (SIN) of the	applicant:
Legal First and	d Last Name of	Applicant:			
Social Insuran	nce Number (SIN	J):			
Parental	Informatio	n			
apply to guard custodial pare expenses. If yo	dians and spons ent who is the cour custodial pa your step-parent	iological parent, step-parents are sors. If your parents are one with whom you norn rent remarried or was in has legally adopted you,	separated or divonally reside or whole a common-law re	orced, provide the or supports the male lationship before	information for your ajority of your living you turned 18 years
Parent #1					
Social Insuran	ce Number (SIN):				
Date of Birth (	yyyy/mm/dd):				
 Legal First Nar	mo.	Legal Last Name	N	liddle Initial	_
Legai Fil St Ivai	ne	Legal Last Name	IV	iliuule IIIItiai	
Relationship to	o Applicant. Chec	k ( $\checkmark$ ) the appropriate box	ζ:		
□ 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 add	dress.			
Street Address/P.O.	Вох	Apartment No.	City/Town	
Province/Territory	Country	v (other than Canada)		Postal Code
Area Code and Hon	ne Telephone No.:			
Parent #2				
Social Insurance Nu	ımber (SIN):			
Date of Birth (yyyy/i	mm/dd):			
Legal First Name	Leg	al Last Name	Middle Initial	
Relationship to App	licant. Check (✔) the a	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 2022 Income Tax Return(s).

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

#### Parent #1

Did your par	ent file a 2022 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 c	or 31000 CPP or QPP Contributions	\$
Line 31200	Employment Insurance Premiums	\$
Line 43500	Total Payable	\$
Parent #2		
I di Ciic "	2	
		□ No
		\$ □ No \$
Did your par	ent file a 2022 Income Tax Return?	
Did your par Line 15000	ent file a 2022 Income Tax Return?	\$
Did your par Line 15000 Line 21000	ent file a 2022 Income Tax Return?	\$ \$
Did your par Line 15000 Line 21000 Line 21999 Line 30300	ent file a 2022 Income Tax Return?	\$ · \$ · \$ ·
Did your par Line 15000 Line 21000 Line 21999 Line 30300	ent file a 2022 Income Tax Return?	\$ \$ \$
Did your par Line 15000 Line 21000 Line 21999 Line 30300 Line 30800 c	ent file a 2022 Income Tax Return?	\$

#### Income Tax Return

If your parent(s) have not yet filed their 2022 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.

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





### **Parental Dependants**

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 high school or at a post-secondary school; 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 the applicant:		_
Date of Birth (yyyy/mm/dd):		Age:
lf this dependant is 12 years or o	older, are they permanently disabled? $\Box$	Yes □ No
Is this dependant enrolled in pos	st-secondary studies? 🗆 Yes 🗖 No	
If <b>yes</b> , provide the follow	ving information:	
Social Insurance Numbe	r:	
Dates of Study: From (yy	yy/mm) To (yyyy/mm)	
Also applying for studen	t financial assistance? $\square$ Ves $\square$ No	





#### **Second Dependant**

Legal First Name	Legal Last Name	
Relationship to the applicant:		_
Date of Birth (yyyy/mm/dd): _		Age
If this dependant is 12 years of	r older, are they permanently disabled? 🏻 Y	es 🗆 No
Is this dependant enrolled in	oost-secondary studies? 🛘 Yes 🗖 No	
If <b>yes</b> , provide the foll	owing information:	
Social Insurance Num	ber:	
Dates of Study: From	(yyyy/mm) To (yyyy/mm)	
Also applying for stud	ent financial assistance?   Yes No	
Third Dependant		
	Logal Last Name	
Legal First Name	Legal Last Name	
Legal First Name Relationship to the applicant:	Legal Last Name	_
Legal First Name Relationship to the applicant: Date of Birth (yyyy/mm/dd): _	Legal Last Name	_ Age
Legal First Name Relationship to the applicant: Date of Birth (yyyy/mm/dd): If this dependant is 12 years of	Legal Last Name  or older, are they permanently disabled?	_ Age
Legal First Name Relationship to the applicant: Date of Birth (yyyy/mm/dd): _ If this dependant is 12 years of this dependant enrolled in part of the second	Legal Last Name  or older, are they permanently disabled?  oost-secondary studies?  Yes  No	_ Age
Legal First Name Relationship to the applicant: Date of Birth (yyyy/mm/dd): _ If this dependant is 12 years of the second in part of	Legal Last Name or older, are they permanently disabled? □ Y bost-secondary studies? □ Yes □ No owing information:	_ Age
Legal First Name Relationship to the applicant: Date of Birth (yyyy/mm/dd): _  If this dependant is 12 years of the second in part o	Legal Last Name or older, are they permanently disabled?  oost-secondary studies?  owing information: ber:	Age No
Legal First Name Relationship to the applicant: Date of Birth (yyyy/mm/dd): _  If this dependant is 12 years of the second secon	Legal Last Name or older, are they permanently disabled? □ Y bost-secondary studies? □ Yes □ No owing information:	Age 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 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 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	
Signature of Parent #1	Date
x	
Signature of Parent #2	Date





# Appendix C Partner of Married/CommonLaw Applicant 2023-2024

For the reference purposes,	provide the name and social insurance	e number (Sin) or th	е аррисанс.
Legal First and Last Name o	f Applicant:		<u> </u>
Social Insurance Number (S	IN):		
Partner Information	on spouse or common-law partner.		
Date of Birth (yyyy/mm/dd):			
Legal First Name	Legal Last Name	Middle Initial	
Mailing Address			
☐ Check (✓) the box if your permanent address.	partner's mailing address and telephone	number are the same	e as your
Street Address/P.O. Box	Apartment No.	City/Town	
Province/Territory	Country (other than Canada)		Postal Code
Area Code and Home Teleph	one 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 Post-Secondary School: 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):

Employme Social Ass	istance?	Yes No Yes No			
Did your partı	ner file a 2022 Income Tax Return? 🗖 \	es 🗆 No			
You are required to provide the amounts showing on the following line numbers of your partner's 2022 Income Tax Return.					
Enter "0" if t	here is no amount reported/to be r	eported.			
Line 15000	Total Income	\$	·		
Line 21000	Elected Pension Split	\$	·		
Line 30300	Spouse or common-law partner am	unt \$	·		

#### **Income Tax** Return

If your partner has not yet filed their 2022 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

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• 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		
Signature of Spouse/Common-Law Partner	Date	

