

Part-Time Post-Secondary Student – Application for Canada-Saskatchewan Integrated Student Loans 2020-21

Student Service Centre
1120 - 2010 12th Avenue
Regina, Canada S4P 0M3
306-787-5620
1-800-597-8278
Fax: 306-787-1608

For Office Use Only		
Date Received	File No.	Bar Code
	PSE No.	
	App No.	

This application is for programs starting between August 1, 2020 and July 31, 2021.

Processing starts in July and takes up to four weeks for paper applications.

Submit the completed application to:

Student Service Centre
Ministry of Advanced Education
1120 - 2010 12th Avenue
Regina, Saskatchewan S4P 0M3

Regina: 306-787-5620
Toll Free: 1-800-597-8278 Fax: 306-787-1608
Office hours: Monday to Friday, 8 a.m. - 5 p.m.

Personal Information

Social Insurance Number (SIN): _____

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

Sask. Health Services Number (HSN): _____ ☐ No HSN

Gender: ☐ Male ☐ Female

Legal Surname Name: _____

Legal Given Name: _____

Legal Middle Name: _____

Social Insurance Number (SIN)

We cannot process your application without a valid SIN. If you do not have one, contact Employment and Social Development Canada.

Health Services Number (HSN)

Check the box if you do not have a valid Saskatchewan HSN.

Mailing address and permanent address. Your mailing address is mandatory and your application cannot be processed without it. All notices and documentation will be sent to your mailing address. If we are unable to contact you through your mailing address, your permanent address will then be used.

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 the Ministry of Advanced Education and the National Student Loans Service Centre to update your address.

Mailing Address

Street/Box No.	Apartment No.	City/Town
Province/State	Country (other than Canada)	Postal Code/Zip Code
Area Code and Home Telephone No.: _____		
Area Code and Business Telephone No.: _____		
Area Code and Cellphone No.: _____		
Email Address: _____		
Your email address is mandatory. Some notices and documentation may be sent to your email address.		

Permanent Address (if different than mailing address)

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

Street/Box No.	Apartment No.	City/Town
Province/State	Country (other than Canada)	Postal Code/Zip Code
Area Code and Home Telephone No.: _____		

Marital Status

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

If your Marital Status is anything other than single, please include a commencement date (dd/mmm/yyyy): _____

If you checked Married or Common-law, your spouse/partner is required to complete [Part-Time Student Appendix C - Spouse of Married/Common-law Applicant](#). If your spouse does not live in Canada, refer to the [Student Loan Instructions](#) for more information.

Marital status

Check “common-law” if you have been living together for at least 12 consecutive months prior to your study period. If you have not been in the common-law relationship for 12 months prior to your study period, refer to the [Instructions](#).

Applicant Dependants

List all dependant children on your Saskatchewan Health Services Record living with you full-time as of the date of your application. Refer to the [Student Loan Instructions](#) for exceptions. Please indicate if any of these dependants are permanently disabled and attach verification. This information is required to determine your eligibility for student grants.

First Dependant Child

Legal Given Name	Legal Surname Name
Sask. Health Services Number (HSN): _____	<input type="checkbox"/> No HSN
Date of Birth (dd/mmm/yyyy): _____	
Do you require full-time daycare for this dependant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is daycare subsidized?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If this dependant is 12 years or older, is he/she permanently disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Second Dependant Child

Legal Given Name	Legal Surname Name
Sask. Health Services Number (HSN): _____	<input type="checkbox"/> No HSN
Date of Birth (dd/mmm/yyyy): _____	
Do you require full-time daycare for this dependant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is daycare subsidized?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If this dependant is 12 years or older, is he/she permanently disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Third Dependant Child

Legal Given Name	Legal Surname Name
Sask. Health Services Number (HSN): _____	<input type="checkbox"/> No HSN
Date of Birth (dd/mmm/yyyy): _____	
Do you require full-time daycare for this dependant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is daycare subsidized?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If this dependant is 12 years or older, is he/she permanently disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have more than three dependants, refer to the [Student Loan Instructions](#).

Foster Child (Ward of Crown)

Are you a current or former foster child (Ward of Crown)? ☐ Yes ☐ No

Citizenship

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

- ☐ Canadian Citizen
- ☐ Permanent Resident of Canada
Date in Canada (dd/mmm/yyyy): _____
- ☐ Protected Person
Date in Canada (dd/mmm/yyyy): _____

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

Protected Person

Provide a copy of either your Notice of Decision or Verification of Status document and the 900 series SIN letter. Your SIN must not be expired.

Saskatchewan Residency

Your residency is determined by yourself if you are a single or single parent student; or determined by you or your spouse if you are married or common-law. Check (✓) the box that applies to you to determine if you are a Saskatchewan resident.

- ☐ You have always lived in Saskatchewan
- ☐ You are a single student or single parent student and you lived in Saskatchewan for the 12-month period before the first day of your study period, excluding time spent as a full-time student in a post-secondary program
- ☐ You are married or common-law and the last place you or your spouse lived for the 12-month period before the first day of your study period, excluding time spent as a full-time student in a post-secondary program, was Saskatchewan

If none of the above statements describes your situation, you will need to apply to another province.

For other provincial and territorial student assistance offices, visit *Provincial and Territorial Student Assistance Offices* at www.canada.ca/student-financial-assistance.

Residency Definition

The province or territory of residence of a part-time student is where they have last lived for at least 12 months in a row, not including time as a full-time post-secondary student (but including time as a part-time post-secondary student).

Ancestry

Indigenous people are those who identify themselves to be North American Indian, Treaty/Registered/Status Indian, Non-Status Indian, Métis or Inuit. Based on this definition, do you consider yourself to be of Indigenous ancestry? ☐ Yes ☐ No

If yes, please indicate which group you belong to: ☐ Métis ☐ Non-Status Indian ☐ Inuit or
☐ Treaty/Registered/Status Indian Treaty Number: _____

Visible minority persons are persons other than Indigenous people, who are people of colour. For example: African, Chinese, Korean or Pacific Islander ancestry. Based on this definition, do you consider yourself to be a visible minority person? ☐ Yes ☐ No

Students with Permanent Disabilities

This section is voluntary and is used to determine eligibility for student grants.

To be eligible, you must have a permanent disability that restricts your physical and/or mental ability to perform the daily activities necessary to participate fully in post-secondary studies or in the labour force.

Based on this definition, do you consider yourself to be permanently disabled? ☐ Yes ☐ No

Indicate the nature of your disability:

- | | |
|---|--|
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Pervasive Developmental Disorder (Autism, Neurological) |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Psychiatric or Psychological |
| <input type="checkbox"/> Visual | <input type="checkbox"/> Mobility Impairment |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Other. Please specify: |
| <input type="checkbox"/> Acquired Brain Injury | |
| <input type="checkbox"/> Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD) | _____ |

A separate application is not necessary; however, to be considered for disability benefits, you must provide proof of your disability in the form the [Verification of Permanent Disability Form](#) or a medical certificate completed by a qualified medical practitioner, or a Learning Disability Assessment (i.e., psycho-educational assessment), or a document proving that you receive federal and/or provincial disability assistance. Permanent Disability documentation should state the functional limitations of your disability and how it affects your studies. Documentation needs to be submitted only once. If you have submitted documentation with a previous loan application, you will not be required to submit it again.

Program Information

For Part-Time Post-Secondary Programs Only

Student Service Centre
1120 - 2010 12th Avenue
Regina, Canada S4P 0M3
306-787-5620
1-800-597-8278
Fax: 306-787-1608

Student Information

(Please print)

Social Insurance Number: _____

Student No. (if applicable): _____

Last Name: _____

First Name: _____

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File No.	

TO BE COMPLETED BY SCHOOL OFFICIAL - See reverse for instructions

School Information

School Name: _____

Educational
Institution Code: _____

Address: _____

Program Information

Program Name: _____

Program Start and End Dates: **THIS PERIOD CANNOT EXCEED 52 WEEKS**

Start Date (dd/mmm/yyyy): _____

End Date (dd/mmm/yyyy): _____

Program Level of Study Check (✓) the appropriate box.

☐ Certificate ☐ Diploma ☐ Bachelor's Degree ☐ Master's Degree ☐ PhD

Percentage of course load this student will be taking: _____ %

Number of courses per week this student will be taking: _____

Tuition, Fees, Books, and Supplies

Give the following amount in **Canadian** currency.

Cost of Tuition and Compulsory Fees \$ _____

Cost of Books and Supplies \$ _____

Please notify the Ministry of Advanced Education, Student Service Centre promptly if any of this program information changes.

Signing Official:

Name: _____

Phone Number: _____

Title: _____

Date: _____

Signature X _____

Email: _____

Education History and Saskatchewan Advantage Scholarship

Elementary/High School Education

Last date you attended Elementary/
High School full-time (dd/mmm/yyyy): _____

Name of School: _____

Location of School (City/Province): _____

Did you receive your Grade 12 diploma during this full-time period? ☐ Yes ☐ No

If yes, was the location of this High School in Saskatchewan? ☐ Yes ☐ No

If no, did you return to school and receive either your Grade 12 diploma, your Adult Basic Education or your GED from Saskatchewan? ☐ Yes ☐ No

Date Completed:(dd/mmm/yyyy): _____

Elementary/ High School

If you are unsure of the last day of elementary/high school you attended, use the last day of the month .

Applicant Study Income

Your resources will be determined based on line 150 of your 2019 Income Tax return as well as your 2019 Canadian non-taxable foreign income, if any.

**You must submit a copy of your 2019 Notice of Assessment to determine eligibility for grants.
If you have had no income, you must submit documentation explaining the situation.**

Total Income: _____

Non-Repayable Grants and Repayable Loans

Your application for a Canada-Saskatchewan Integrated Student Loan will be assessed for a mixture of non-repayable grants and repayable loans.

If you so choose, you may request to only receive non-repayable grant funding and decline repayable loan funding. Select “Yes” if you want only the grant funding (you do not want any loans). Select “No” if you want both grants and loans funding.

☐ Yes ☐ No

Note: if you choose to receive only grant funding and, in the future, you need to access loan funding, you can contact the Student Service Centre and seek a reassessment and receive the loan funding you are entitled to.

Part-Time Studies Direct Deposit Form

Check one only

☐ To start direct deposit

☐ To change information on Direct Deposit

Full name: _____

Social Insurance Number: _____

Email address: _____

1. Sign this form authorizing payment by direct deposit to your account.

I hereby authorize direct deposit to the account designated below. I understand the information provided herein will be used by the Government of Saskatchewan for the purposes of payment processing and accordingly is available to all ministries of the Government of Saskatchewan for such purposes. Further, I understand that this agreement may be cancelled at any time by myself or the Government of Saskatchewan by written notice.

Signer's Name: _____ Title: _____

Authorizing Signature: _____ Telephone Number: _____

2. Please do A or B: (A is preferable, unless we are paying to a non-chequing account)

A) Attach a current blank company cheque or photocopy marked "VOID". The Payee's name and address should be pre-printed on the cheque.

OR

B) Have an official from your financial institution provide the following information regarding your current account.

Branch	Institution	Account Number																						
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Name and Address of Financial Institution

Financial Institution Official's Signature and Stamp

Applicant Consents, Authorizations and Agreements

Signature must appear in both areas in ink.

Applications not signed and dated will not be processed.

Information regarding your application or assessment cannot be released to anyone but you. If you wish your spouse or your parents/guardians to have access to this information, you must complete the Consent to Release Information form and submit it with your application.

I apply for Student Financial Assistance under the *Canada Student Financial Assistance Act* and *The Student Assistance and Student Aid Fund Act, 1985* of Saskatchewan.

DECLARATION:

I declare that I have answered all questions on this application and each subsequent application for which assistance is requested according to the instructions and my answers and documents I have provided, or will provide in the future, in support of this application and subsequent applications, are to the best of my information and belief, true in every respect.

I declare that I have not applied for, nor am I receiving, Student Financial Assistance from more than one province or country in this same academic period.

I declare that I will use any Student Financial Assistance provided to pay my academic fees first; then I will pay other educational and living costs associated with my program of studies.

I make these declarations knowing it is an offence under The Canada Student Financial Assistance Act and The Student Assistance and Student Aid Fund Act, 1985 of Saskatchewan, to knowingly make any false statement or representation in an application and each subsequent application or other document or to furnish any false or misleading information or documentation.

AGREEMENT AND REPORTING REQUIREMENTS:

I agree to promptly notify the Saskatchewan Ministry of Advanced Education in writing of any changes, including but not limited to my name, address, marital status, family size, educational institution, course load, program of study, income, expenses and assets, as they occur.

I agree to promptly provide all information and documentation required by the Minister of Saskatchewan Advanced Education and his/her designate(s), to verify or audit my entitlement to Student Financial Assistance.

I agree that I may be required to immediately repay all or part of the assistance I receive if my assessment is found to be inaccurate, even if such inaccuracy is a result of an inadvertent error on my part or on the part of my spouse, my parents, my institution, or the Saskatchewan Ministry of Advanced Education.

I agree that Canada may directly remit all or a portion of my Student Financial Assistance to my Educational Institution where my Educational Institution requests payments of my academic fees.

I understand that if I cease to be eligible for funding, I assign any refund I will be eligible to receive to be paid to the National Student Loans Service Centre to be applied to my outstanding loan balance.

INFORMATION CONSENTS:

I consent to and authorize the disclosure and release by any person, individual, corporation, organization, credit reporting agency, or by any government or government agency (including but not restricted to any foreign, federal or provincial government department or crown corporation), of any information or documents (including any personal information as defined in The Freedom of Information and Protection of Privacy Act and any personal health information as defined in The Health Information Protection Act) requested by the Province of Saskatchewan for any purpose respecting the administration of Student Financial Assistance for my benefit by the Saskatchewan Ministry of Advanced Education or its successors.

I further consent to the Minister of Saskatchewan Advanced Education or his/her designate(s) to release to any person, individual, corporation, organization or to any government or government agency (including but not restricted to any foreign, federal or provincial government department or crown corporation), any information or documents (including any personal information as defined in The Freedom of Information and Protection of Privacy Act and any personal health information as defined in The Health Information Protection Act) for any purpose respecting the administration of Student Financial Assistance.

I understand and consent to my personal information (as defined in The Freedom of Information and Protection of Privacy Act) being stored in the Government of Saskatchewan's Student Financial Assistance System and used to administer other financial assistance programs or benefits for which I may be eligible.

X _____
Signature of Applicant

Date

CANADA REVENUE AGENCY RELEASE

I hereby consent to the release, by the Canada Revenue Agency to an official of the Saskatchewan Ministry of Advanced Education, of information from my income tax returns, and if applicable, other required taxpayer information about me, whether supplied by me or by a third party. The information will be relevant to and used solely for the purpose of determining and verifying my eligibility and entitlement to Student Financial Assistance under the *Canada Student Financial Assistance Act* and *The Student Assistance and Student Aid Fund Act, 1985* of Saskatchewan, and will not be used or disclosed to any other person or organization without my approval.

This later authorization is valid for the:

- taxation year prior to the year of signature; and
- the current taxation year; and
- each subsequent consecutive taxation year for which assistance is requested by me or on my behalf.

X _____
Signature of Applicant

Date

Social Insurance Number