

Scholarship of Honour Family Member Application

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

The Government of Saskatchewan created the Scholarship of Honour to recognize Canadian Armed Forces members (Regular and Reserve) who actively served in designated military operations since January 2001. The Scholarship is also available to spouses and children of fallen members or members with a disability.

The Scholarship provides a one-time award of \$5,000 to the Canadian Armed Forces member and each family member.

Eligibility

To be eligible, the applicant must be:

1. Enrolled* in a post-secondary institution anywhere in Canada with a program of study start date on or after March 2, 2009; and
2. The spouse or child of a Canadian Armed Forces member who:
 - a. Was permanently disabled or deceased while serving in a designation military operation, or as a result of a designated military operation, after January 2001; and
 - b. Currently resides or has previously resided in Saskatchewan for six consecutive months.

*The applicant must be enrolled in a post-secondary institution in a program of study that leads to an academic credential (i.e., certificate, diploma or degree) and is at least 12 weeks in length.

How to Apply

The following information must be included with your application:

- Documentation verifying military service dates and designated operation (i.e., Member's Personnel Record Resume);
- Confirmation of Enrolment form signed by the post-secondary institution you are attending (and completed within 30 days of start date of the course of study);
- Proof of death or disability. The document should indicate if the death or disability was the result of having served in the designated operation. If a disability, please indicate the nature of the disability. Disability related documents may be obtained from Veteran Affairs Canada; and
- Direct Deposit form containing banking information.

Applications must be received before the end of the program of study. Applicants who have already graduated from a program in the past do not qualify for the scholarship. A tax (T4A) will be issued for income tax purposes.

Please submit your application and required documents to:

Ministry of Advanced Education Student Service Centre

1120 - 2010 12th Avenue
Regina, Saskatchewan S4P 0M3

Personal Information

Name: _____
Last Name First Name Middle Initial

Social Insurance Number (SIN): _____ Date of Birth (dd/mmm/yyyy): _____

Preferred Title: Mr. Mrs. Ms. Miss

Address:

Apt. No.	Street/Box No.	City/Town	Province	Postal Code
----------	----------------	-----------	----------	-------------

Daytime Telephone No.: _____ Mobile No.: _____

Email: _____

Member Information

Name of Canadian Armed Forces Member: _____

Member Service Number (SN): _____

Designated Operation: _____

Operation Start Date (dd-mmm-yyyy): _____ Operation End Date (dd-mmm-yyyy): _____

The Canadian Armed Forces Member currently resides or has previously resided in Saskatchewan for six consecutive months

Start Date (dd-mmm-yyyy): _____ End Date (dd-mmm-yyyy): _____

Relationship to Canadian Armed Forces Member: Spouse Child

Is the Canadian Armed Forces Member Deceased: Yes No Date (dd-mmm-yyyy): _____

If deceased, please complete [Declaration, Consent, and Authorization - Consent Section C](#).

Post-Secondary Education Information

Name of Institution: _____

School Address:

Street/Box No.	City/Town	Province	Postal Code
----------------	-----------	----------	-------------

Telephone No.: _____

Program Name: _____

- Program Type:
- | | |
|---|---|
| <input type="checkbox"/> Journeyperson | <input type="checkbox"/> 1 Year Certificate/Diploma |
| <input type="checkbox"/> 2 Year Certificate/Diploma | <input type="checkbox"/> 3 Year Certificate/Diploma |
| <input type="checkbox"/> 4 Year Certificate/Diploma | <input type="checkbox"/> Master/Ph.D. |

Program Start Date (dd-mmm-yyyy): _____ Program End Date (dd-mmm-yyyy): _____

Disability Information (If Applicable)

- Nature of Disability:
- | | |
|---|--|
| <input type="checkbox"/> Deaf, Hard of Hearing | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Blind, Visually Impaired | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Other (e.g., head injury, mental illness), please specify: _____ | |

If disability applies, please have the Canadian Armed Forces Member complete [Declaration, Consent, and Authorization - Consent Section A](#) and the family applicant complete [Declaration, Consent, and Authorization - Consent Section B](#).

Declaration, Consent, and Authorization - Consent Section A)

This section to be completed by the Canadian Armed Forces Member with a disability resulting from serving in the designated operation.

I declare that I have resided in Saskatchewan for six consecutive months and that the information I have provided for this application, is to the best of my knowledge, correct and complete, and I understand that this information will be used to determine the eligibility of my family member,

_____, for the Scholarship of Honour.

(Name of Family Member/Applicant)

I consent and authorize the Canadian Armed Forces and the Saskatchewan Ministry of Advanced Education to disclose and release to each other, 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 the purpose of assessing my family member's eligibility for the Scholarship of Honour.

I understand and consent to my 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*) being stored by the Government of Saskatchewan and used for the administration, research and evaluation of the Scholarship of Honour.

X _____

Signature of Canadian Armed Forces Member

Date

Declaration, Consent, and Authorization - Consent Section B)

This section to be completed by the family member/applicant (spouse or child) of the Canadian Armed Forces member with a disability resulting from serving in the designated operation.

I declare that my Canadian Armed Forces Member (parent/or spouse) has resided in Saskatchewan for six consecutive months and that the information I have provided for this application, is to the best of my knowledge, correct and complete, and I understand that this information will be used to determine my eligibility for the Scholarship of Honour.

I consent and authorize my educational institution and the Saskatchewan Ministry of Advanced Education to disclose and release to each other, any information or documents (including any personal information as defined in *The Freedom of Information and Protection of Privacy Act*), for the purpose of assessing my eligibility for the Scholarship of Honour.

I understand and consent to my 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*), being stored by the Government of Saskatchewan and used for the administration, research and evaluation of the Scholarship of Honour program.

X _____

Signature of Canadian Armed Forces Member

Date

Declaration, Consent, and Authorization - Consent Section C)

This section to be completed by the family member/applicant, if the Canadian Armed Forces Member is deceased.

I declare that my Canadian Armed Forces Member (parent/or spouse) had resided in Saskatchewan for six consecutive months and that the information I have provided for this application, is to the best of my knowledge, correct and complete, and I understand that this information will be used to determine my eligibility for the Scholarship of Honour.

I consent and authorize the Canadian Armed Forces and the Saskatchewan Ministry of Advanced Education to disclose and release to each other, 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*), pertaining to my parent/ or spouse and Canadian Armed Forces member, for the purpose of assessing eligibility for the Scholarship of Honour.

I consent and authorize my educational institution and the Saskatchewan Ministry of Advanced Education to disclose and release to each other, any information or documents (including any personal information as defined in *The Freedom of Information and Protection of Privacy Act*) for the purpose of assessing my eligibility for the Scholarship of Honour.

I understand and consent to my 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*), being stored by the Government of Saskatchewan and used for the administration, research and evaluation of the Scholarship of Honour program.

X _____

Signature of Canadian Armed Forces Member

Date