



Income Security Programs

# APPLICATION FOR COURSE REIMBURSEMENT

## YOU MUST SUBMIT AN APPLICATION EVERY YEAR

Deadline for course reimbursement is one year from the date you start your course(s)

**For example, your course(s) begin(s) on:**

January 1, 2018

June 12, 2018

**Your application and document deadline is:**

January 1, 2019

June 12, 2019

### 1 STUDENT INFORMATION

Last Name		First Name	
Middle Name(s)		Previous Last Name(s)	
Permanent Address in the NWT			
Current Mailing Address			
Community		Territory/Province	Postal Code
Telephone		Email Address (Print clearly)	
Social Insurance Number		Place of Birth	Date of Birth- YY/MM/DD
Gender	Citizenship		Current Marital Status
Female Male	Canadian Citizen Other (Explain): _____	Permanent Resident	Single Married Common Law
Have you ever claimed bankruptcy?    Yes    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	Postal Code
Telephone		Email Address	

nwtsfa@gov.nt.ca

www.nwtsfa.gov.nt.ca

**Student Financial Assistance  
Contact Numbers:**

**Phone:** 1-800-661-0793 / 867-767-9355

**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

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

## 2 TYPE OF ASSISTANCE

### What type of assistance are you applying for?

Course Reimbursement (submit official transcript(s) and receipt(s))

Study Grant for Services and Equipment for Students with Permanent Disabilities  
(A completed Disability Assessment Form must be on file)

## 3 RESIDENCY INFORMATION

### Provide your residency information since January 1, 2011

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:

## 4 COURSE(S) AND PROGRAM(S)

### List the course(s) you have completed. Indicate the start and end dates.

Institution Name			Total Cost
Start Date- YY/MM/DD	End Date- YY/MM/DD	Course Name	
Institution Name			Total Cost
Start Date- YY/MM/DD	End Date- YY/MM/DD	Course Name	
Institution Name			Total Cost
Start Date- YY/MM/DD	End Date- YY/MM/DD	Course Name	
Institution Name			Total Cost
Start Date- YY/MM/DD	End Date- YY/MM/DD	Course Name	
Institution Name			Total Cost
Start Date- YY/MM/DD	End Date- YY/MM/DD	Course Name	

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

Print your name: \_\_\_\_\_

## 5 APPLICANT CONSENT FOR THE RELEASE OF PERSONAL INFORMATION (Optional)

With your consent, Student Financial Assistance (SFA) can share certain personal information with potential Northwest Territories employers, including GNWT Departments, regarding employment opportunities and/or financial assistance. In addition, SFA can also release personal information to assist with the verification of benefits to other GNWT Departments, Aboriginal organizations and Educational Institutions.

I consent to the release of the following personal information to Northwest Territories employers for the purpose of contacting me for potential employment opportunities and/or financial assistance:

- First and last name
- Email address
- Mailing address
- Telephone number
- Program of studies
- Institution name
- Year of study

Employers, including GNWT Departments that receive my personal information will be bound by agreement to use the personal information provided to them for the sole purpose of identifying and contacting students for potential employment opportunities and/or financial assistance. Employers will be required to treat my personal information as confidential and will not share that information with any other party.

I further consent to the release of certain personal information, as defined under the *Access to Information and Protection of Privacy Act (ATIPPA)*, Section 2, and Section 29 of the SFA Policy and Procedures Manual, to:

- a. GNWT Department of Finance (Human Resources) for the purpose of verifying eligibility for employment.
- b. GNWT Department of Health and Social Services for the purpose of verifying eligibility for NWT Health Care benefits.
- c. GNWT housing programs to determine eligibility for housing benefits.
- d. Aboriginal organizations for the purpose of verifying eligibility for their educational benefits.
- e. Educational institutions for the purpose of verifying student funding.

I understand that the refusal to provide consent will not result in any adverse decisions about rights, benefits or services currently provided to me by SFA. However, I may not receive consideration for employment opportunities and/or certain financial assistance. This consent is valid for the life of this application.

x

Applicant's Signature

Date - YY/MM/DD

Print your name: \_\_\_\_\_

## 6 APPLICANT DECLARATION and CONSENT (Mandatory)

This information is being collected under the authority of the *Access to Information and Protection of Privacy Act (ATIPP)*, Section 40.(a) and (c)(i) the *Student Financial Assistance Act* and Regulations. The information will be used to determine my initial and continued eligibility for SFA and for the general administration and enforcement of this program. The privacy provisions of *ATIPP* protect my information.

Personal information is defined under *ATIPP*, 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 Manager, Department of Education, Culture and Employment, Box 1320, Yellowknife, NT, X1A 2L9, or call 1-800-661-0793 or 1-867-767-9355.

### 1. I declare that:

- a. The information given on this Student Financial Assistance (SFA) application and in documents in support of this application is true.
- b. I will immediately notify the SFA program in writing if my, my spouse's or my dependant's personal information changes.
- c. I understand that I cannot apply for, and am not entitled to receive student financial aid from any other province, territory or country for the same period of time that I am receiving SFA from the Government of Northwest Territories (GNWT).

### 2. I agree to:

- a. 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.
- b. Provide information or documents to verify my initial and continued eligibility for SFA benefits within 20 days of request.

### 3. I understand that:

- a. I may have to immediately return any SFA received in prior, current or future years if there were/are changes to my personal information.
- b. 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. I may also be subject to criminal prosecution.
- c. If I have an outstanding debt with the GNWT, I may be denied SFA, or that debt may be deducted in part or whole, from my SFA benefits.
- d. If I am unable to meet the GNWT's credit worthiness requirements as defined in the Financial Administration Manual, Section 3101, under the authority of the *Financial Administration Act*, I may be denied SFA benefits.
- e. My personal information, except for information collected from the Canada Revenue Agency, may be disclosed to third parties in accordance with Section 48 of *ATIPP* for the following purposes: verifying eligibility to receive a benefit or service from the GNWT, for the purpose of collecting a debt owed to the GNWT, to maintenance enforcement for the purpose of enforcing a maintenance order.
- f. SFA will contact other agencies to verify the information I have provided as part of determining my initial and continued eligibility for SFA benefits and to detect fraud. These agencies may include, but are not limited to the following: other GNWT departments, federal, territorial, municipal or Aboriginal governments including driver and vehicle licensing programs, Employment and Social Development Canada 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.f. above to verify any personal information provided to determine my initial and continued eligibility for SFA. I understand that if I consent to the release of my personal information to third parties, that this consent is valid until I advise the SFA Manager in writing that I withdraw my consent.

### 5. I consent to the release,

by the Canada Revenue Agency, to an official of the SFA program, 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/our eligibility, entitlement for and general administration and enforcement of the SFA program under the *Student Financial Assistance Act*, Regulations and *ATIPP*, and will not be disclosed to any other person or organization without my approval.

This authorization is valid for the SFA program for the three taxation years prior to the year of signature, and the most recently available tax information, the current taxation year, and each subsequent consecutive taxation year, for which assistance is requested by me or on my behalf. Further, I understand that, if I wish to withdraw this consent, I may do so at any time by writing to the SFA Manager.

x

Applicant's Signature

Date- YY/MM/DD

Print your name: \_\_\_\_\_