



Income Security Programs

# APPLICATION FOR FULL-TIME STUDENT FINANCIAL ASSISTANCE

## YOU MUST SUBMIT AN APPLICATION EVERY YEAR

<b>Your academic year begins:</b>	August 1- September 30	December 1 - February 1	All Other Months
<b>Your application deadline is:</b>	June 30	October 31	One Calendar Month Prior

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

### 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	Canadian Citizen	Permanent Resident	Single Married Common Law
Male	Other (Explain): _____		(Living together for 12 continuous months)
Have you ever claimed bankruptcy? Yes No If "Yes", give date of Absolute Discharge- YY/MM/DD: _____			
Do you presently have an outstanding Canada Student Loan and/or Provincial or Territorial Student Loan from any other Province or Territory? Yes No If "Yes", from where? _____ Outstanding amount? _____			
Have you received Employment Insurance (EI) benefits in the past 5 years? Yes No			
In the past 12 months have you been enrolled in full-time postsecondary studies? Yes No			

### 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

## 2 STUDENT CATEGORY AND TYPE OF ASSISTANCE

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

### Northern Indigenous Aboriginal Resident

You must provide: Treaty Card Registry Number \_\_\_\_\_

Land Claim Beneficiary Number  
and **FORM F**, if not already on file \_\_\_\_\_

Métis Local Number  
and **FORM F**, if not already on file \_\_\_\_\_

#### Check off what assistance you are applying for:

Basic Grant

Supplementary Grant **or** Remissible Loan

Repayable Loan

Study Grants for Students with Permanent Disabilities – A completed Disability Assessment Form must be on file

COVID-19 Technology Grant **and/or** COVID-19 Support Grant

### Northern Resident – Schooled in the NWT

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		

#### Check off what assistance you are applying for:

Basic Grant

Remissible Loan

Repayable Loan

Study Grants for Students with Permanent Disabilities – A completed Disability Assessment Form must be on file

COVID-19 Technology Grant **and/or** COVID-19 Support Grant

### Northern Resident – Not Schooled in the NWT

#### Check off what assistance you are applying for:

Repayable Loan

Study Grants for Students with Permanent Disabilities – A completed Disability Assessment Form must be on file

COVID-19 Technology Grant **and/or** COVID-19 Support Grant

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

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

### 3 SPOUSE AND DEPENDANT INFORMATION

Provide the following information for your spouse/children

Name		Social Insurance Number		How many days each month? 1 – 14 days 15 – 31 days
Date of Birth - YY/MM/DD	Gender Female Male	Relationship to you? Spouse Son Daughter Other _____		
Name		Social Insurance Number		How many days each month? 1 – 14 days 15 – 31 days
Date of Birth - YY/MM/DD	Gender Female Male	Relationship to you? Spouse Son Daughter Other _____		
Name		Social Insurance Number		How many days each month? 1 – 14 days 15 – 31 days
Date of Birth - YY/MM/DD	Gender Female Male	Relationship to you? Spouse Son Daughter Other _____		
Name		Social Insurance Number		How many days each month? 1 – 14 days 15 – 31 days
Date of Birth - YY/MM/DD	Gender Female Male	Relationship to you? Spouse Son Daughter Other _____		

### 4 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:

### 5 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	License Undergraduate	Certificate Masters	Diploma Doctorate	Distance Learning?	Yes	No
					How many semesters? _____		
Institution		Program			Community/Territory/Province/Country		
Start Date - YY/MM/DD	End Date - YY/MM/DD	License Undergraduate	Certificate Masters	Diploma Doctorate	Distance Learning?	Yes	No
					How many semesters? _____		
Institution		Program			Community/Territory/Province/Country		
Start Date - YY/MM/DD	End Date - YY/MM/DD	License Undergraduate	Certificate Masters	Diploma Doctorate	Distance Learning?	Yes	No
					How many semesters? _____		

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

## 6 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 SFA program.

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

	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				
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. Indigenous Skills and Employment Training Strategy (ISETS) (Official document explaining benefits is required)				
8. Education Leave Allowances From Employer (Official document explaining benefits is required)				
9. Canada Child Benefit				
10. Building Essential Skills Program (Part II, LMDA)				
11. Survivor / Child(ren)'s Benefits				
12. Retirement Pensions / Annuities				
13. Severance / Layoff Payout (Official document explaining benefits is required)				
14. Profits from Investments / Rentals				
15. Tuition and Book Benefits (not from SFA) (Official document explaining benefits is required)				
16. Travel Benefits (not from SFA) (Official document explaining benefits is required)				
17. Scholarships (not included in assessments)				
18. Bursaries / Fellowships				
19. Other (Explain):				
20. Other (Explain):				

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

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

## 7 EXPENSES OF STUDENT AND SPOUSE

Provide your total expenses for you and your dependants during the period you will be in school. 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.

		Amount
1.	Tuition and Fees (Total for your academic year)	
2.	Required Books and Supplies (Total for your academic year)	
3.	<b>Transportation</b> (NWT permanent residence to and from educational institution)	/trip
4.	Food / Personal Care (Deduct spouse/roommate/boarder payments)	/mos
5.	Rent / Mortgage (Deduct spouse/roommate/boarder payments)	/mos
6.	Utility Payments – Electricity, Water, Sewage, Heating Fuel, etc. (Deduct spouse/roommate/boarder payments)	/mos
7.	Medical and Dental Costs not Covered by Insurance or Government (Explanation is required to claim amounts over \$35/month per person, use separate sheet if necessary)	/mos
8.	Alimony and Child Support (you pay to a former spouse) (Official document explaining support payment is required to claim this amount)	/mos
9.	NWT Study Grant for Students with Permanent Disabilities (Provide necessary medical documentation and original receipts or quotes)	/mos
10.	Child Care Expenses (Your portion only)	/mos
11.	School Related Fees for Dependants (Explanation is required to claim, use separate sheet if necessary)	/mos
12.	Other (Explain):	/mos
13.	Other (Explain):	/mos
14.	Other (Explain):	/mos
15.	Other (Explain):	/mos

## 8 COMMENTS/NOTES

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

## 9 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, Indigenous 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 (ATIPP)*, 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. Indigenous 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: \_\_\_\_\_

## 10 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.

### Part A - Applicant

**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. Follow the terms and conditions of any loan documents that I have signed.
- b. 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.
- c. Provide information or documents to verify my initial and continued eligibility for SFA benefits within 20 days of request.

**3. I understand that:**

- a. The income that I receive from any source, including but not limited to Education Leave Benefits and Indigenous Skills and Employment Training Strategy, must be reported immediately to the SFA program and that it may affect the amount of SFA benefits that I am eligible to receive.
- b. I may have to immediately return any SFA received in prior, current or future years if there were/are changes to my personal information.
- c. 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.
- d. 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.
- e. 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.
- f. 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.
- g. 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 Indigenous 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, Indigenous 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.g. 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 (Mandatory)

\_\_\_\_\_| Date- YY/MM/DD

### Part B - Spouse

**6. As the applicants' spouse,** I consent to the release of my personal information to the SFA program by the agencies in section 3.g. above, for the purposes of determining the applicant's initial and continued eligibility for SFA benefits. I understand that I may withdraw this consent as outlined above.

X \_\_\_\_\_

Spouse's Signature (Mandatory)

\_\_\_\_\_| Date- YY/MM/DD

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