



Application for Full-time Student Financial Assistance

YOU MUST SUBMIT AN APPLICATION EVERY YEAR BY YOUR APPLICABLE DEADLINE.

Return to:
 Department of Education, Culture and Employment
 Government of the Northwest Territories
 Student Financial Assistance
 Box 1320, Yellowknife, NT, X1A 2L9
 Street Address: 4501-50th Avenue in Yellowknife
 Phone: 1-800-661-0793 / (867) 873-7190
 Fax: 1-800-661-0893 / (867) 873-0336
 E-mail: nwtfsa@gov.nt.ca
 Website: www.nwtfsa.gov.nt.ca

Deadlines for full-time students	
Your academic year begins:	Your application deadline is:
January	November 15
May	March 15
August 16 - September 30	July 15
All Other Months	One Calendar Month Prior

ALL SECTIONS ARE MANDATORY – PLACE A DASH OR LINE THROUGH BOXES THAT DO NOT APPLY TO YOU.

1 STUDENT INFORMATION

Please indicate if you are a:

First Time Student *(submit confirmation of acceptance from institution).*

Continuing Student from prior academic year *(submit official prior year transcripts, and if attending a new institution submit a new confirmation of acceptance).*

Student returning after a break of more than one academic year *(submit official transcripts from last time on NWT SFA and confirmation of acceptance from institution).*

• If returning or continuing, have you been out of full-time studies for a period of 6 months or longer? Yes No

<input type="text"/> Last Name	<input type="text"/> First Name
<input type="text"/> Middle Name(s)	<input type="text"/> Previous Last Name(s)
<input type="text"/> Mailing Address	<input type="text"/> Street Address (mandatory)
<input type="text"/> Community	<input type="text"/> Territory/Province
<input type="text"/> Telephone (Home)	<input type="text"/> Postal Code
<input type="text"/> Social Insurance Number	<input type="text"/> Email Address
<input type="text"/> Health Care Number	<input type="text"/> Place of Birth
<input type="text"/> Date of Birth YY/MM/DD	

Gender <input type="radio"/> Female <input type="radio"/> Male	Citizenship <input type="radio"/> Canadian Citizen <input type="radio"/> Permanent Resident <input type="radio"/> Other	Current Marital Status <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Common Law	Will you be living with your parents while in school? <input type="radio"/> Yes <input type="radio"/> No
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Next of kin address (not your spouse or children):

<input type="text"/> First and Last Name	<input type="text"/> Relationship to You
<input type="text"/> Mailing Address	<input type="text"/> Community
<input type="text"/> Postal Code	<input type="text"/> Territory or Province/Country
<input type="text"/> Telephone	<input type="text"/> Email Address

2 TYPE OF ASSISTANCE

What type of assistance are you applying for?

- Basic Grant (tuition, books & travel)
 Remissible Loan (living allowance)
 NWT Study Grant for Students with Permanent Disabilities
 Supplementary Grant (living allowance)
 Repayable Loan (tuition, books, travel & living allowance)
 University/College Entrance Preparation Program

- NWT SFA Scholarships
 Canada Millennium Bursary (*application deadline is July 15*)

- Have you ever claimed bankruptcy? Yes No
 • If yes, have you ever been conditionally discharged a full 3 years? Yes No

Will you be receiving educational leave while attending postsecondary? Yes No

Will you be employed full-time? Yes No

3 SPOUSE AND DEPENDANT INFORMATION

For information about claiming dependants, visit our website. Only one parent may claim each child as a dependant. Include your spouse in this section, even if she/he is not your dependant.

Indicate your dependants' and spouse's cultural heritage and relationship to you as follows: D = Dene, I = Inuit, M = Metis, O = Other, P = Spouse, S = Son, D = Daughter, O = Other (explain on separate sheet). Dependants must be living with you 100% of the time. Indicate whether your dependant is applying to, or receiving, NWT SFA while you are in school.

Name	Gender	Health Care Number	Social Insurance Number	Cultural Heritage	Date of Birth YY/MM/DD	Living with me during school as a dependant?	Relationship to you?	Will be/is receiving NWT SFA?
	F / M		/ /			Yes / No		Yes / No
	F / M		/ /			Yes / No		Yes / No
	F / M		/ /			Yes / No		Yes / No
	F / M		/ /			Yes / No		Yes / No

4 STUDENT CATEGORY

Please indicate your student category by checking the box in front of the appropriate category.

1. Northern Indigenous Aboriginal Resident

If you are an Aboriginal, indigenous to the NWT, you may be eligible for benefits under this student category.

Please provide: Treaty Card Registry Number _____
 Land Claim Beneficiary Number _____
 and **FORM F** if not already on file _____
 Metis Local Number, _____
 and **FORM F** if not already on file _____

As a Northern indigenous Aboriginal resident, you may choose to receive your monthly living allowance as a Supplementary Grant or a Remissible Loan. Refer to the Student Guide and website before you make your decision, then select one of the following:

- Supplementary Grant
 Remissible Loan

2. Northern Resident

This is for students who are eligible for benefits as a student schooled in the NWT or not schooled in the NWT. Please refer to the student categories section in the Student Guide or visit our website for more information.

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5 RESIDENCY INFORMATION

Please provide your residency information for the last seven years.

From YY/MM/DD	To YY/MM/DD	Community and Territory/Province	If you lived outside of the NWT, but qualify as ordinarily resident, please explain:
/ /	/ /		
/ /	/ /		

6 ELEMENTARY AND SECONDARY EDUCATION

List all elementary and secondary schooling for each grade successfully completed.

From YY/MM	To YY/MM	Grades Completed	Community and Territory/Province	If you lived outside of the NWT but qualified as ordinarily resident, please explain.
/	/	to		
/	/	to		

7 POSTSECONDARY EDUCATION

Complete one line for each postsecondary program you have completed.

From YY/MM	To YY/MM	Institution Name, Location and Program	Please check one	Ordinarily Resident of the NWT
/	/		<input type="radio"/> License <input type="radio"/> Certificate <input type="radio"/> Diploma <input type="radio"/> Undergraduate <input type="radio"/> Masters <input type="radio"/> Doctorate	<input type="radio"/> Yes <input type="radio"/> No
/	/		<input type="radio"/> License <input type="radio"/> Certificate <input type="radio"/> Diploma <input type="radio"/> Undergraduate <input type="radio"/> Masters <input type="radio"/> Doctorate	<input type="radio"/> Yes <input type="radio"/> No
/	/		<input type="radio"/> License <input type="radio"/> Certificate <input type="radio"/> Diploma <input type="radio"/> Undergraduate <input type="radio"/> Masters <input type="radio"/> Doctorate	<input type="radio"/> Yes <input type="radio"/> No

8 INSTITUTION(S) AND PROGRAM(S)

List, in order of preference, the programs and institutions you have applied for this academic year. Indicate the year you are in and the total duration of your program. (If there is a possibility you will be attending the entire academic year (fall, winter, spring & summer), please include that information.)

Institution		Program	Community/Territory/Province/Country
Start Date / / YY MM DD	End Date / / YY MM DD	<input type="radio"/> License <input type="radio"/> Certificate <input type="radio"/> Diploma <input type="radio"/> Undergraduate <input type="radio"/> Masters <input type="radio"/> Doctorate	Year <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 of a <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 Year Program
		Will this be done through Distance Learning? <input type="radio"/> Yes <input type="radio"/> No	
Institution		Program	Community/Territory/Province/Country
Start Date / / YY MM DD	End Date / / YY MM DD	<input type="radio"/> License <input type="radio"/> Certificate <input type="radio"/> Diploma <input type="radio"/> Undergraduate <input type="radio"/> Masters <input type="radio"/> Doctorate	Year <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 of a <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 Year Program
		Will this be done through Distance Learning? <input type="radio"/> Yes <input type="radio"/> No	
Institution		Program	Community/Territory/Province/Country
Start Date / / YY MM DD	End Date / / YY MM DD	<input type="radio"/> License <input type="radio"/> Certificate <input type="radio"/> Diploma <input type="radio"/> Undergraduate <input type="radio"/> Masters <input type="radio"/> Doctorate	Year <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 of a <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 Year Program
		Will this be done through Distance Learning? <input type="radio"/> Yes <input type="radio"/> No	

9 INCOME OF STUDENT AND SPOUSE

This section is mandatory for all students. Provide you and your spouse's net income from the 4 months before school, and your net income during your academic year where there is a break of a month or more. Also provide a monthly amount for the period you are in school. (Place a dash or a line through the boxes that do not apply to you.)

The NWT SFA Program will automatically include your NWT SFA benefits. Do not include income from the National Child Benefit and gifts from parents. The income of your spouse is required to confirm whether you can claim him/her as a dependant. If you do not know what your, or your spouse's, income will be, provide a reasonable estimate and update with actuals when you start school.

	Total - 4 Months Before		Monthly While in School	
	You	Your Spouse	You	Your Spouse
1.a) Full-time Employment Income				
1.b) Full-time Employment Income (between semesters)	 	 		
1.c) Part-time Employment Income				
2. Income Assistance <small>(Official document explaining benefits is required)</small>				
3. Employment Insurance, Parental and Maternity Benefits				
4. Disability Pensions / Workers' Compensation Payments <small>(Official document explaining benefits is required)</small>				
5. Alimony / Child Support Income				
6. Training and Education Allowances <small>(Official document explaining benefits is required)</small>				
7. Aboriginal Human Resource Development Agreement <small>(Official document explaining benefits is required)</small>				
8. Education Leave Allowances From Employer <small>(Official document explaining benefits is required)</small>				
9. Childcare Subsidy				
10. Building Essential Skills Program (Part II, LMDA)				
11. Widow / Orphan Benefits				
12. Retirement Pensions / Annuities				
13. Severance / Layoff Payout <small>(Official documents explaining benefits required)</small>				
14. Profits from Investments / Rentals				
15. Tuition Benefits (Not from NWT SFA) <small>(Official documents explaining benefits required)</small>				
16. Travel Benefits (Not from NWT SFA) <small>(Official documents explaining benefits required)</small>				
17. Scholarships (not included in assessments)				
18. Bursaries/Fellowships				
19. Other (Provide an explanation below - use a separate sheet if necessary)				

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10 EXPENSES OF STUDENT AND SPOUSE

This section is mandatory if you are applying for the Repayable Loan, Canada Millennium Scholarship Foundation Bursary and the NWT Study Grant for Students with Permanent Disabilities. Place a dash or a line in the boxes that do not apply to you.

For each item below, provide your expenses for the period you will be in school. These are the total expenses for you and your dependants. Provide a reasonable estimate if you don't know what your expenses will be and update our office later in the year.

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	Amount
1. Tuition and Fees (Total for your academic year)	
2. Required Books and Supplies (Total for your academic year)	
3. Transportation (NWT permanent residence to and from educational institution)	/trip
4. Food / Personal Care	/mos
5. Rent / Mortgage (Deduct roommate's and/or boarder's payments)	/mos
6. Utility Payments - Electricity, Water, Sewage, Heating Fuel, etc. (Deduct roommate's and/or boarder's payment)	/mos
7. Medical and Dental Costs not Covered by Insurance or Government (Explanation is required to claim amounts over \$350 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. Childcare Expenses	/mos
11. School Related Fees for Dependants (Explanation is required to claim, use separate sheet if necessary)	/mos
12. Other (Provide an explanation below, use a separate sheet if necessary)	/mos
	/mos
	/mos
	/mos

11 PERSONAL RESPONSIBILITY

It is your responsibility to advise the NWT Financial Assistance Program in writing (fax, mail or e-mail) if any information on your application changes after your submit it. Some changes that may require a reassessment of your NWT SFA, but not limited to, are:

- income for yourself and/or your spouse
- program, institution and/or study period
- relationships with your spouse, common-law partner, parent(s) or legal guardian
- dependent information

Please ensure all information you provide is accurate, as your file is subject to verification and audit.

12 APPLICANT DECLARATION and CONSENT (must be signed and witnessed)

This information is being collected under the authority of the Access to Information and Protection of Privacy (ATIPP) Act, Section 41.1(g) and the Northwest Territories (NT) Student Financial Assistance (SFA) Act and Regulations. The information will be used to determine my initial and continued eligibility for SFA, the University/College Entrance Preparation (UCEP) program, the Canada Millennium Scholarship Foundation (CMSF) bursary program, and for the general administration and enforcement of these programs. The privacy provisions of the ATIPP Act protect my information.

Personal information is defined under the ATIPP Act, 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 Supervisor, Department of Education, Culture and Employment, SFA, Box 1320, Yellowknife, NT, X1A 2L9, 1-800-661-0793 or 1-867-873-7190.

Part A – Mandatory (Applicant)

1. I declare that:
 - a. The information given on this SFA application, any further applications, applicable forms or documents are true and are subject to audit.
 - b. I will immediately notify the SFA program in writing if my, or my spouse's, personal information changes.
 - c. I understand that I cannot apply for, and am not entitled to receive financial aid from any other province, territory or country for the same period of time that I am receiving SFA from the NT.
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 refunds of tuition or books and any SFA 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 Aboriginal Human Resource Development Agreements, must be reported immediately to the SFA program and that it may affect the SFA that I am entitled to.
 - 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 and/or may be subject to criminal prosecution.
 - d. If I have an outstanding debt with the Government of the Northwest Territories (GNWT), I may be denied SFA benefits.
 - e. If I am unable to meet the GNWT's credit worthiness requirements as defined in the Financial Administration Manual, Section 907, under the authority of the Financial Administration Act, I may be denied SFA benefits.
 - f. My personal information may be provided to other provincial and territorial governments for the purpose of verifying eligibility for other financial aid programs and to detect fraud.
 - g. My contact information may be released to GNWT Maintenance Enforcement Program to be used to contact debtors.
 - h. My financial information may be released to GNWT income assistance programs to verify eligibility for these benefits.
 - i. My financial information may be released to the CMSF and UCEP to administer those programs.
 - j. SFA will contact other agencies to verify the information I have provided as part of determining my initial and continued eligibility for SFA, CMSF and UCEP benefits and to detect fraud. These agencies may include, but are not limited to the following: other GNWT departments, federal, territorial or municipal governments including driver and vehicle licensing programs, Human Resource Skills Development 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 childcare providers.
4. I consent to the release of personal information to the SFA program by those agencies listed in 3.j. above to verify any personal information provided to determine my initial and continued eligibility for SFA, CMSF and UCEP.

/	/	
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YY MM DD Applicant's Signature (Mandatory)

/	/	
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YY MM DD Witness's Signature (Mandatory)

Part B - Mandatory (Spouse)

5. As the applicant's spouse, I consent to the release of my personal information to the SFA program by the agencies in section 3.j. above for the purposes of determining the applicant's initial and continued eligibility for SFA, CMSF and UCEP benefits.

/	/	
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YY MM DD Applicant's Signature (Mandatory)

/	/	
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YY MM DD Witness's Signature (Mandatory)

Part C - Optional (Applicant)

6. I further consent to the release of my:
 - a. Contact information to GNWT programs and departments to distribute information on employment and training opportunities and financial assistance.
 - b. Financial information to GNWT housing programs to determine eligibility for housing benefits.
 - c. Personal information to Aboriginal agencies for the purpose of verifying eligibility for their educational benefits.
 - d. Financial information to educational institutions for the purpose of verifying student funding.
 - e. Financial information to employers for the purpose of verifying eligibility for education benefits.

I understand that my refusal to consent to number 6. above will not result in any adverse decisions about rights, benefits or services currently being provided to me by SFA. However, I may lose access to benefits, training and consideration for job opportunities.

/	/	
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YY MM DD Applicant's Signature

/	/	
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YY MM DD Witness's Signature

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