

Part-Time Canada Studies Application

PART-TIME STUDIES – FINANCIAL ASSISTANCE

- Canada Student Grant for Students with Permanent Disabilities (CSG-PD)
- B.C. Supplemental Bursary for Students with a Permanent Disability
- Canada Student Grant for Part-Time Studies (CSG-PT)
- Canada Student Grant for Part-Time Students with Dependents (CSG-PTDEP)
- Canada Student Loan for Part-Time Students (CSL-PT)
- 6. B.C. Access Grant for Part-Time Studies

WHO IS ELIGIBLE?

Applicants must:

- Be a Canadian citizen, permanent resident (with valid Permanent Resident card or landing document), convention refugee or a protected person living in
- Be a resident of British Columbia.
- Be enrolled in a designated post-secondary educational institution in Canada in a program leading to a degree, diploma or certificate.
- Be studying between 20 per cent to 59 per cent of a full-time course load for a minimum of six weeks, leading to at least a 12-week program.
- Have a family income that falls below the tables in
- Not be in default on previous full or part-time Canada Student Loan(s).
- If you have had previous funding from Canada student grants and loans for part-time studies, you must have successfully completed those study periods

What expenses do the part-time funding programs cover?

- Compulsory fees
- Books and supplies
- An incidental allowance
- Local transportation allowance to and from classes
- Unsubsidized child care costs incurred to attend classes

PART-TIME STUDIES PROGRAMS

1. Canada Student Grant for Students with Permanent Disabilities

If you have a permanent disability that affects your ability to attend school (see definition next page), you may qualify for a grant of \$4,000 per loan year for each year of post-secondary studies.

2. B.C. Supplemental Bursary for Students with a Permanent Disability

You are a B.C. resident, and have a permanent disability, you may qualify for this program. If you study between 20 per cent to 39 per cent of a full-time course load, your program year maximum is \$400. If you study between 40 per cent to 59 per cent of a full-time course load, your program year maximum is

3. Canada Student Grant for Part-Time Studies

If your family income falls below the amount for your family size as shown in Section 4, you may qualify for the grant for part-time studies of up to \$3,600 per loan year.

4. Canada Student Grant for Part-Time Students with Dependants

The Canada Student Grant for Part-Time Students with Dependants is available for students with dependent children under the age of 12 and/or a permanently disabled dependant who is 12 years of age or older at the beginning of the study period. To be eligible, students must meet the following:

The grant will not exceed the lesser of:

- The student's assessed need;
- \$80 per week of study for students with one or two dependants;
- \$120 per week of study for students with three or more dependants; or To a maximum of \$3,840 per program year.

The Canada Student Grant for Part-Time Students with Dependants is based on assessed need and not a minimum part-time loan disbursement. You may be eligible for the grant if you meet all the following criteria:

- Attend a designated post-secondary institution in Canada on a part-time basis; Have a dependant under the age of 12 and/or a permanently disabled dependant who is 12 years of age or older.

Eligibility for the Canada Student Grant for Part-Time Students with Dependants uses a progressive eligibility threshold whereby the grant amount decreases as family income increases.

5. Canada Student Loan for Part-Time Students

Part-time Canada Student Loan funding is available to students studying part-time (20 to 59 per cent of a full-time post-secondary course load), whose income falls below a pre-determined threshold. This funding is a loan and must be repaid. Only \$10,000 of original principal may be outstanding at any time (not including capitalized interest).

The first payment on a Canada Student Loan for part-time students is due six months after the student leaves part-time studies.

Part-time Canada Student Loans are interest-free while students are in part-time or full-time study (confirmation of enrolment is required).

6. B.C. Access Grant for Part-Time Studies

If your family income falls below the amount for your family size as shown in section 4, you may qualify for the B.C. Access Grant for Part-Time Studies of up to \$1,000 per program year.

- Your fully complete and correct application must be received by StudentAid BC at least six weeks before the DATE CLASSES END;
- Section 9 must be completed by your school and attached to your application;
- No faxes, scans or copies are accepted as original signatures are required.

IF YOU ARE A STUDENT WITH A PERMANENT DISABILITY

If you are a student with a permanent disability as defined below, you may be eligible for additional student financial assistance.

"Permanent disability" for the purposes of student financial assistance means a "functional limitation caused by a physical or mental impairment that restricts the ability of a person to perform the daily activities necessary to participate in studies at a post-secondary school level or the labour force and is expected to remain with the person for the person's expected life."

Note:

Not all medical conditions are considered permanent disabilities for the purpose of StudentAid BC permanent disability funding.

To be considered for the permanent disability funding listed on Page 2, you must:

- Document your permanent disability status by completing an Appendix 8 Permanent Disability Programs Application at www.StudentAidBC.ca.
- Section 4 of Appendix 8 must be completed by a qualified medical assessor in Canada.
- Your physician or other qualified medical assessor must clearly indicate how your disability impacts you on a daily basis in an educational setting.

IF YOU HAVE PREVIOUSLY HAD YOUR PERMANENT DISABILITY STATUS APPROVED BY StudentAid BC, YOU DO NOT NEED TO RESUBMIT APPENDIX 8.

Note:

If your permanent disability status is not approved by StudentAid BC *six weeks before the end of classes*, any funding from your current financial aid application will not include grants for students with permanent disabilities.

B.C. public post-secondary institutions have disability coordinators who may assist you with the process of submitting the appropriate documentation to StudentAid BC for verifying your permanent disability.

CONTACT INFORMATION

TO REACH StudentAid BC BY PHONE:

Call **1-800-561-1818** toll-free from in Canada or USA Or

+1-778-309-4621 from outside North America

TO REACH StudentAid BC BY MAIL:

StudentAid BC

Mailing address:

P.O. Box 9173 Stn Prov Govt Victoria B.C. V8W 9H7

Courier address: StudentAid BC 1st Floor, 835 Humboldt Street Victoria B.C. V8V 4W8

www.StudentAidBC.ca



Check that the form is the correct year

2021/2022

Your application number will be assigned once processed:

2021-P

Part-Time Canada Studies Application

For classes starting between August 1, 2021 and July 31, 2022

SECTION 1 OF 9 – APPLICANT'S PERSONAL INFORMATION	
(01) Legal LAST NAME	(11) SOCIAL INSURANCE NUMBER
(02) Legal FIRST NAME Be sure the highlighted	(12) DATE OF BIRTH
information matches your	YEAR MONTH DAY
(03) Legal MIDDLE NAME(s) personal information in	
myAccount	(13) GENDER
(04) MAILING ADDRESS – IMPORTANT: All mail will be sent to this address	MALE FEMALE
Apt/box/suite number	(14) STUDENT NUMBER (mandatory if at a BC public school)
(05) Use this line for any part of your address not indicated above	
	DEFINITION OF COMMON-LAW for StudentAid BC
(06) CITY/TOWN	If you are not married but are living in a marriage-like relationship for at least 12 consecutive months as of
	the first day of classes, you are considered "Common Law".
(07) PROVINCE (08) POSTAL CODE	If you are married or in a common-law relationship, have your spouse complete and sign BOTH
	declarations to ensure your application can be processed.
(09) AREA CODE TELEPHONE NUMBER	'
/	(15) STATUS as the first day of classes. (MARK ONE BOX ONLY)
(SEPARATED/ SINGLE COMMON- DIVORCED/
(10) E-MAIL ADDRESS - Notifications MAY be sent to this address	SINGLE PARENT MARRIED LAW WIDOWED
	A B C D E
(16) Citizen Status: Canadian Citizen Protected Person Permanent Resident	
If you are not a Canadian citizen, you must attach a copy of your Canadian Immigration	on document.
RESIDENCY	
(17) Have you lived in B.C. for 12 continuous months not including full-time post-secondary study?	(17) YES NO
(18) Have you ever declared bankruptcy that included student financial assistance?	(18) YES NO
(19) Are you currently in default of a Canada Student Loan (full-time or part-time)?	(19) YES NO
This Information will be verified. If you are in default you are not eligible for this program	_
(20) Are you a student with a permanent disability applying for permanent disability grants?	(20) YES NO
Notes:	()
 If you are a student with a permanent disability, please read page 2 of the instructions before answering If you answered YES to Question 20 AND you have not received StudentAid BC approval of your perma 	Question 20.
you must submit an Appendix 8 - Permanent Disability Programs Application (read page 2 of the instruct	
	MINISTRY USE ONLY
Your fully complete and correct application must be received by StudentAid BC at	least
six weeks before the DATE CLASSES El	ND No guarantee that late submissions will be
(Section 9 must be completed by your school and mailed with the application).	processed. Student is
	responsible for informing SABC and DC of late
No faxes, scans or copies are accepted as original signatures are required.	submissions and entries.

SECTION 2 of 9 – DEPENDANT INFORMATION

DEFINITION OF DEPENDANTS

For StudentAid BC purposes, eligible dependants are any dependants for whom you receive the Canada Child Benefit or for whom you claim a benefit on your 2020 income tax return. To be eligible, a dependant must meet one or more of the following criteria:

- Be your child(ren) and/or your spouse/common-law partner's child(ren) under 19 years of age as of the start of your classes, for whom you have custody, or provide care (they live with you), at least two full days per week during your entire study period; or
- Be your child(ren) and/or your spouse/common-law partner's child(ren) age 19 or over who are full-time dependent students (read definition of dependent status on www.StudentAidBC.ca); or
- Be your permanently disabled child(ren) and/or your spouse/common-law partner's permanently disabled child(ren) age 19 or over, who
 you fully support and declared on your 2020 income tax return; or
- Be your permanently disabled spouse/common-law partner who you fully support and declared on your 2020 income tax return; or
- Be your foster child(ren), if foster parent income is claimed on this application; or
- Be your elderly relatives and/or your spouse/common-law partner's elderly relatives who you fully support and have declared on your 2020 income tax return.

Note: If you are expecting a child, please submit a part-time studies request for reassessment form after the birth of the child and attach a copy of the birth certificate.

(21) DEPENDANTS

Do you have any eligible dependants as defined above? If YES, list them below. If you do not have any eligible dependants, proceed to the next section.

Scotion.					
FULL NAME OF DEPENDANT (ONLY INCLUDE SPOUSE/COMMON-LAW PARTNER IF THEY ARE PERMANENTLY DISABLED)	DATE OF BIRTH YEAR - MONTH - DAY	WILL ELIGIBLE DEPENDANT BE ATTENDING HIGH SCHOOL OR POST- SECONDARY FULL- TIME AT THE START OF YOUR STUDY PERIOD?	WAS THIS DEPENDANT (AS DEFINED ABOVE) CLAIMED ON YOUR 2020 TAX RETURN?		
		YES NO	YES NO		
		YES NO	YES NO		
		YES NO	YES NO		
		YES NO	YES NO		
		YES NO	YES NO		
		YES NO	YES NO		
		YES NO	YES NO		
		YES NO	YES NO		
		YES NO	YES NO		
		YES NO	YES NO		
(22) Total unsubsidized day-care costs during class hour of age and under (at the start of classes)		(22)	\$.00		
(23) Total unsubsidized day-care costs during class hour dependants 12 years of age and older	rs for the proposed study period fo	or disabled/infirmed (23)	\$		

SECTION 3 OF 9 – STUDENT INCOME

STUDENT GROSS INCOME

If you filed a 2020 Income Tax Return, answer Question 24 then GO TO Question 32.

(24) Reported gross income from line 15000 of your 2020 Income Tax Return(24)	\$.00
If you did NOT file a 2020 Income Tax Return, answer Questions 25 to 31. Enter your gross income from sources inside and outside of Canada, from January 1, 2020 to December 31, 2020. Enter "0" if no value	
(25) Income assistance (welfare) and/or B.C. income assistance for persons with disabilities(25)	\$.00
(26) Employment insurance benefits (Service Canada - ESDC)(26)	\$.00
(27) WCB benefits(27)	\$.00
(28) Employment program for persons with disabilities income (EPPD)(28)	\$.00
(29) Gross earnings (wages) from employment or net self-employment (including co-op earnings, assistantships)(29) \$.00
(30) Child care subsidy (only one parent may claim child care subsidy)	\$.00
(31) Other sources of income (First Nations bands, pension, child support, spousal support payments, monetary gifts, sponsored tuition, etc.) Do not include Canada Child Benefits or Income Tax refunds	\$.00
SECTION 4 of 9 – REQUEST OR DECLINE LOAN	
I understand that if I qualify for student loan funding: I am required to start making payments on the first day of the seventh month after leaving studies; my payments and principal; and interest will not be charged during the six-month non-repayment period and that interest will st day of the seventh month after leaving studies. Knowing this information, I choose: YES, I want to receive loan NO, I do NOT want to receive the loan (tart accruing on the 1 st

Family Income Eligibility Thresholds for the Canada Student Loan for Part-Time Students (CSL-PT), Canada Student Grant for Part-Time Studies, Canada Student Grant for Part-Time Students with Dependents and the B.C. Access Grant for Part-Time Studies (BCAG-PT) for the 2021-2022 Program Year:

Canada Student Loan for Part-Time Students (CSL-PT)
Canada Student Grant for Part-Time Students with Disabilities (CSG-PD)

Family Size	Gross Maximum Annual Family Income
1 person	\$65,822
2 persons	\$92,059
3 persons	\$109,829
4 persons	\$120,720
5 persons	\$130,793
6 persons	\$140,368
7 persons or more	\$148,628

Canada Student Grant for Part-Time Studies (CSG-PT)
Canada Student Grant for Part-Time Students with Dependants (CSG-PTDEP)
B.C. Access Grant for Part-Time Studies (BCAG-PT)

Family Size	Gross Maximum Annual Family Income
1 person	\$32,102
2 persons	\$45,399
3 persons	\$55,602
4 persons	\$64,204
5 persons	\$71,782
6 persons	\$78,634
7 persons or more	\$84,933

(33) LAST NAME of Spouse/Common-law partner		(35) SOCIAL INSU	RANCE NUI	MBER
		(36) DATE OF BIR	ГН	
(34) FIRST NAME(s) of Spouse/Common-law partner		YEAR M	IONTH D	AY
SPOUSE'S GROSS INCOME				
If you filed a 2020 Income Tax Return, answer Question 37 then pro	oceed to Question 45.			
(37) Reported gross income from line 15000 of your 2020 Income Tax	Return	(37)	\$.00
If you did NOT file a 2020 Income Tax Return, answer Questions 3 sources inside and outside of Canada, from January 1, 2020 to D				
(38) Income assistance (welfare) and/or B.C. income assistance for pe	ersons with disabilities	(38)	\$.00
(39) Employment insurance benefits (Service Canada - ESDC)		(39)	\$.00
(40) WorkSafe BC benefits		(40)	\$.00
(41) Employment program of British Columbia (EPBC) income		(41)	•	.00
(42) Gross earnings (wages) from employment or net self-employment (in	ncluding co-op earnings, a	ssistantships) (42)	\$.00
(43) Child care subsidy		• •	\$.00
(44) Other sources of income (native band, pension, child support, spousal sup sponsored tuition, etc.) Do not include Canada Child Benefits or In	port payments, monetary gi	ifts, (44)	\$.00
SECTION 6 OF 9 – StudentAid BC – SPOUSE DEC				
I. I understand that:	LANATION - IVII	OKTANT BOOD	MISKI	
Turider starid triat. The student will have access to information provided on this application form.				
2. The student's post-secondary institution will have access to information provided on the	is application form.			
3. It is against the law to make false or misleading statements on this application or all do				
 It is my responsibility to make sure the information on this application and/or all the doc All information is subject to audit and verification. 	cuments related to it, are accura	ite.		
II. I understand that by signing my name on this application form means:				
I. I certify that the information I have given is correct and complete and that I have not all	tered or added to any of the Stu	dentAid BC application and/o	r questions.	
2. I have authorized the student to immediately notify StudentAid BC of any increase in m	ıy income.			
I consent to the exchange of information between StudentAid BC and the post-second sign this declaration.	ary institution about my marital s	status and financial status. Th	is consent takes	s effect when I
I consent to the verification of my Social Insurance Number, name, date of birth and a Insurance Registry. This information will be disclosed to Employment and Social Decontext of my spouse's financial aid application. This consent takes effect when I sign	evelopment Canada for the purp			
5. For the purpose of verifying and/or investigating information pertaining to this application,		nd disclosure of my personal i	nformation betw	een the Ministry
of Advanced Education and Skills Taining (or its agent) and the following agencies: finance secondary institutions, credit agencies, WorkSafe BC, other financial aid offices, Land Ti Poverty Reduction/ employment program for persons with disabilities (or a contracted ag General, BC Ministry of Finance, National Student Loans Service Centre, Immigration, Re Crown corporations, Aboriginal Organizations, federal, provincial, municipal ministries/dej	cial institutions, Canadian Imperia tle and Survey Authority of BC, E lent of that Ministry), BC Ministry efugees and Citizenship Canada,	al Bank of Commerce, Royal E BC Registry Services, BC Mini of Children and Family Devel RoadSafe BC, Employment a	Bank, Bank of No istry of Social De opment, BC Mini nd Social Develo	ova Scotia, post- evelopment and istry of Attorney
6. The terms and conditions of this part-time application Declaration apply to all associate	ed documents, including the part	t-time reassessment form and	d appendix 8 of	the
StudentAid BC program. Collection and use of information. The information included in this form and authorized above is collect the authority of the Canada Student Financial Assistance Act, R.S.C. 1994, Chapter C-28 and StudentAid and for statistical and evaluation purposes. If you have any questions about the collection and use of this PO Box 9173, Stn Prov Govt, Victoria, BC V8W 9H7, call 1-800-561-1818 (toll-free in Canada/U.S.) or +	d BC. The information provided will be s information, contact the Director, Sto	e used to determine eligibility for a udentAid BC, Ministry of Advance	a benefit through S	StudentAid BC
(45) SIGNATURE OF SPOUSE/COMMON-LAW PARTNER (IN INK)	PRINT NAME	(45a) DATE	SIGNED	
MUST BE SIGNED	PRINT HE	` ′ ∨⊑∧₽	MONTH	H DAY
CANADA REVENUE AGENCY CONSENT - IMPORTANT DOCUMENT - REA	AD, SIGN AND DATE			
For the purpose of verifying the data provided in this application for student assistance, I he Education and Skills Training (or a person delegated by the ministry), of taxpayer information	on from any portion of my incom	e tax records that pertains to	information give	en by me on an
StudentAid BC application. The information will be relevant to, and used solely for the purpose	or determining and verifying my	intormation and for my spouse	e's eligibility for a	and entitlement to

SECTION 5 OF 9 – SPOUSE/COMMON-LAW PARTNER INCOME

For the purpose of verifying the data provided in this application for student assistance, I hereby consent to the release, by the Canada Revenue Agency, to the Ministry of Advanced Education and Skills Training (or a person delegated by the ministry), of taxpayer information from any portion of my income tax records that pertains to information given by me on any StudentAid BC application. The information will be relevant to, and used solely for the purpose of determining and verifying my information and for my spouse's eligibility for and entitlement to the following programs: B.C. Access Grant for Part-Time Studies, Canada Student Grant for Students with Permanent Disabilities, the BC Supplemental Bursary for Students with a Permanent Disability, Canada Student Grant for Part-time Studies, Canada Stu

	(46) SIGNATURE OF SPOUSE/COMMON-LAW PARTNER (IN INK)	PRINT NAME	(46a) DATE SIGN	.ED	
×	MUST BE SIGNED	PRINT HERE	YEAR	MONTH	DAY

IMPORTANT DOCUMENT - YOU MUST READ AND SIGN IN BOTH PLACES

SECTION 7 OF 9 – StudentAid BC - STUDENT DECLARATION – IMPORTANT DOCUMENT

I am applying for funding to assist with my education under one or all of the following programs: British Columbia Access Grant for Part-Time Studies, Canada Student Loan for Part-time Students, Canada Student Grant for Students with Permanent Disabilities, the BC Supplemental Bursary for Students with a Permanent Disability, Canada Student Grant for Part-time Studies, and if eligible, Canada Student Grant for Part-time Students with Dependents.

I. I understand that:

- 1. It is against the law to make false or misleading statements on this application or all documents related to it.
- 2. It is my responsibility to make sure the information on this application, and/or all the documents forming part of it are accurate.
- 3. All information is subject to audit and verification.
- 4. If I do not provide complete, accurate information or if I obtain or attempt to access financial assistance by fraudulent means, I may be denied any further federal or provincial student financial assistance, including full- and part-time Canada Student Loans and Grants, now or in the future.
- 5. If I receive money (loan or grant) and then it is discovered that this application, or documents forming a part of it, are not accurate, I will be required to repay all or part of the money, with interest. I will be required to do this if my spouse or common law partner, post-secondary institution, StudentAid BC or I made the mistake.

II. I understand that by signing my name on this application form means:

- 1. I certify that all information is complete and accurate and I have not altered or added to any of the StudentAid BC application and/or questions;
- 2. I will use the money I receive to pay my academic fees first.
- 3. None of the courses used to meet the minimum 20 per cent course load requirements are repeats/duplicates of courses for which I previously received credits.
- 4. I must successfully complete all courses for which my Canada Student Financial Assistance Program funding was issued or my eligibility for student financial assistance in future years of part-time studies will be affected.
- 5. I will immediately notify the financial aid office of any increase in my or my spouse/common-law partner's, income and of any changes in my address, academic status (e.g., course load study period), marital status, or reduced number of dependants.
- 6. I consent to the exchange of information between StudentAid BC, the post-secondary institution and/or other appropriate financial aid office about my academic standing, awards, program of study, course load, attendance, living arrangements, marital status and financial status. This consent takes effect when I sign this declaration.
- 7. I consent to the verification of my Social Insurance Number, name, date of birth and gender, with information contained in Employment and Social Development Canada Social Insurance Registry. This information will be disclosed to Employment and Social Development Canada for the purpose of confirming the accuracy of my identification in the context of this application for a Canada Student Loans and Grants for part-time studies. This consent takes effect when I sign this declaration.
- 8. For the purpose of verifying and/or investigating information pertaining to this application, related documents, and the eventual repayment of my loan awards, whether defaulted or not and any other money repayable, I consent to the collection, use and disclosure of my personal information between the Ministry of Advanced Education and Skills Training (or its agent) and the following agencies, financial institutions, Canadian Imperial Bank of Commerce, Royal Bank, Bank of Nova Scotia, post-secondary institutions, credit agencies, WorkSafe BC, Superintendent of Bankruptcy Canada, other financial aid offices, Land Title and Survey Authority of BC, BC Registry Services, BC Ministry of Social Development and Poverty Reduction/employment program for persons with disabilities (or a contracted agent of that Ministry), BC Ministry of Children and Family Development, BC Ministry of Attorney General, BC Ministry of Finance, BC Ministry of Education, National Student Loans Service Centre, Immigration, Refugees and Citizenship Canada, Roadsafe BC, Insurance Corporation of BC (and Service BC acting in the role of ICBC), BC Assessment Authority, Employment and Social Development Canada, Crown corporations, native bands, federal, provincial, municipal ministries/departments/agencies. This consent takes effect when I sign this declaration.
- 9. I have not applied nor will I apply to or receive government funded student loans, grants or bursaries from another province or territory or government funded loans outside of Canada during the study period stated in this application.

Collection and use of information. The information included in this form and authorized above is collected under Sections 26c and 26e of the *Freedom of Information and Protection of Privacy Act* and under the authority of the *Canada Student Financial Assistance Act*, R.S.C. 1994, Chapter C-28 and StudentAid BC. The information provided will be used to determine eligibility for a benefit through StudentAid BC and for statistical and evaluation purposes. If you have any questions about the collection and use of this information, contact the Director, StudentAid BC, Ministry of Advanced Education and Skills Training, PO Box 9173, Stn Prov Govt, Victoria, BC V8W 9H7, call 1-800-561-1818 (toll-free in Canada/U.S.) or +1-778-309-4621 from outside North America.

Copies, faxes or scanned signatures cannot be accepted.

	(47) SIGNATURE OF STUDENT (IN INK)	PRINT NAME	(47a) DATE SIGNED
×	MUST BE SIGNED	PRINT HERE	YEAR MONTH DAY

CANADA REVENUE AGENCY CONSENT - IMPORTANT DOCUMENT - READ, SIGN AND DATE

For the purpose of verifying the data provided in this application for student assistance, I hereby consent to the release, by the Canada Revenue Agency, to the Ministry of Advanced Education and Skills Training (or a person delegated by the ministry), of taxpayer information from any portion of my income tax records that pertains to information given by me on any StudentAid BC application. The information will be relevant to, and used solely for the purposes of determining and verifying my eligibility for and entitlement to the following programs: B.C. Access Grant for Part-Time Studies, Canada Student Grant for Students with Permanent Disabilities, the BC Supplemental Bursary for Students with a Permanent Disability, Canada Student Grant for Part-time Students, and if eligible, Canada Student Grant for Part-time Students with Dependants under the Canada Student Financial Assistance Act. This information will not be disclosed to any other person or organization without my prior approval. This authorization is valid for the two taxation years prior to the year of signature of this consent, the year of signature of this consent and for any other subsequent consecutive taxation year for which assistance is requested.

	(48) SIGNATURE OF STUDENT (IN INK)	PRINT NAME	(48a) DATE SIGNED
×	MUST BE SIGNED	PRINT HERE	YEAR MONTH DAY

- Once you have signed #47 and #48 please complete Section 8 on Page 8.
- Your school must also complete Section 9 on Page 8.
- Your application will not be processed without the study information and both signatures.

STUDENT NAME:									2021 I	•		
	LAST FIRST						rent (not futu in (Check wit unsure)					
SECTION 8 OF		NFORMA	TION	(STUDEN	т сом	PI FTF	S THIS S	SECTIO)N)			
Name of School and (e.g., Camosun Coll	<mark>l Campus</mark>										st day o	
Program Name											e seme	
Cou	rse Name		Course	Number	YEA	Start I			E YEAR - M	nd Dat		
For example: PSY	/C	1100)	, <u>1</u>	2 0 2	2 1-0 9	0 7	2 (2 1	- 1	2 -	3 1
				First day class								
			L									
SECTION 9 OF												
(49) SCHOOL COD	EOMPLETE INFO	RMATION		ATE CLASSES YEAR			ROM BEII	(51) D	CESSE ATE CLA EAR	ASSES	END NTH	DAY
	own, check designated s on www.StudentAidBC.			-		-				-	-	DAI
(52) PROGRAM CC	DDE ublic and Private School	Officials: Enter	eligible pro	gram code. Study	ing outside o	of B.C.? Lea	ve program coo	de blank.				
(53) Level of study (Mark one box		FICATE	c C	UNIVERSITY T	RANSFER	_	MASTER PHD	G	PROFESS Lawyer, etc	c.)		
(54) Field of study	A ADMINI BUSINE AGRIC	STRATION/ ESS ULTURE	D	DENTISTRY	VI050	G	LAW	J	COMMUNI	TY SER	VICE/	
		SCIENCES		HEALTH SCIEI	NCES		THEOLOGY TRADES		ENGINEEF	RING/TE	CHNOL	OGY
	7 11 10 7 1	301211023		WEDIGINE		DUCATION	ONAL COS		" [
(55) Year of study (i	n the program, 1 - 4	1)	<u> </u>						. Г			.00
(56) Percentage of a			i i	 %			ees		. Г		<u> </u> 	.00
(57) Are ALL the co	urses distance/corre	espondence ²	?	YES NO	(60)	Books ar	nd Supplies.		\$.00
(61) FINANCIAL AID OF	FICER - LAST NAME	<u> </u>			\Box		OF	FICIAL SC	CHOOL S	TAMP	OR SE	AL
(62) FINANCIAL AID OF	EFICER - FIRST NAM	F (e)						Re	equ	ire	d	
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(63) AREA CODE	() Mail form to: StudentAid BC								Govt			
	PO Box 9173 Stn Prov Govt Victoria BC V8W 9H7											
(64) SIGNA	TURE OF SCHOOL			FICER (IN INK				' '	DATE S YEAR	GNED		DAY
Do not separate t	his page from th	e applicati	ion.							Р	rint E	orm