



Manitoba Student Aid Application

For Full-Time Post-Secondary Students

Instructions for the **2023 – 2024 Manitoba Student Aid Application** – for programs starting between **August 1, 2023 and July 31, 2024**.

COURSE LOAD

To be considered a full-time student, you must be enrolled in at least 60% of a full course load in each term. If you have a permanent disability or a persistent or prolonged disability, you must be enrolled in at least 40% of a full course load in each term. If you are attending a private vocational or private training institution, you must be enrolled in 100% of a full course load. Note: Students with a verified permanent disability or a persistent or prolonged disability may be considered full-time at a reduced course load. If you are not sure what percentage of courses you are taking, contact the financial aid office at your school.

PROCESSING TIMELINE

Please allow up to six weeks for your paper application to be processed. Once processing is complete, you will receive an email asking you to log into your online account. Your account contains your assessment results, funding details and a list of any documentation you will need to submit to complete your application. NOTE: You must include a valid personal email address in your application.

After you submit your required documents and Manitoba Student Aid verifies those documents, a confirmation of enrollment will be sent to your school. Once your full-time enrollment has been confirmed, funding will be sent to your school and any remaining funds will be sent to the bank account.

CREATING AN ONLINE ACCOUNT

To create your online account, go to www.ManitobaStudentAid.ca. Click on the *Create an Account* link on the right hand side of the screen.

FINANCIAL INFORMATION

You must report all financial information in Canadian funds and must have a Canadian bank account to receive Manitoba Student Aid funding.

DEADLINE

Applications must be submitted no later than 60 business days before your study period ends. Funds cannot be released after your study period end date.

HOW TO SUBMIT

1. Print the completed application.
2. Sign and date the application in ink in all required areas.
3. Submit the completed application to Manitoba Student Aid by:

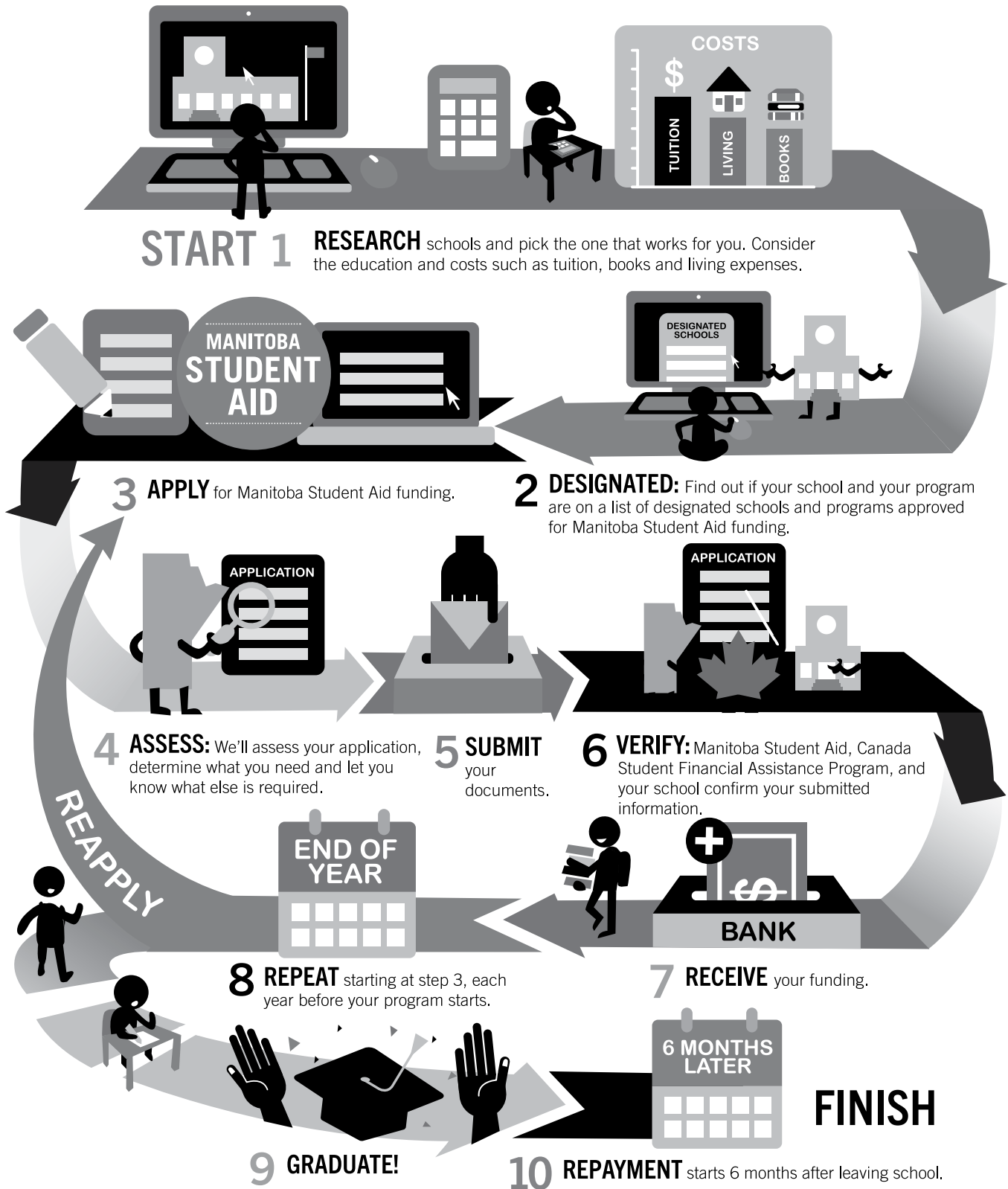
Mail:
Manitoba Student Aid
401-1181 Portage Avenue
Winnipeg, Manitoba R3G 0T3

Dropbox:
1181 Portage Avenue, Winnipeg, Manitoba
(Drop box is located outside, on the East side of the building, beside the Wall Street entrance.)

Applications are available in alternate formats upon request. Cette information existe également en français.

NOTE: Information provided to Manitoba Student Aid is subject to audit and verification.

HOW GETTING YOUR MANITOBA STUDENT AID FUNDING WORKS



Manitoba Student Aid Application For Full-Time Post-Secondary Students

Section 100: Personal Information

101 In which language do you prefer to receive future communication?
 English French

102 Social Insurance Number (SIN)

103 Date of Birth
 YYYYMMDD

104 Legal Last Name

105 Legal First Name

106 Mailing Address

107 City/Town

108 Province/State

109 Country

110 Postal Code/Zip Code

111 Phone Number

 Area Code

112 Alternate Phone Number

 Area Code

113 Gender Female Male Non-binary
 Two-spirit Another Gender Identity

114 Last day you attended high school (In Manitoba, high school is typically completed the year you turn 18.)

115 Email address

 Must be a personal email address, NOT @youreducationalinstitution

Section 200: Citizenship

Check the box that applies as of your study period start date.

- 201 Canadian Citizen
 202 Landed Immigrant/Permanent Resident of Canada
 203 Protected Person

Note: International students are not eligible for Manitoba Student Aid funding.

Section 300: Student Category

Pick the one category that best fits and check all applicable boxes in that section.

301 **Married or Common-Law** If you:
 are married (or will be before the second half of this academic year)
 have lived together in a common-law relationship for at least 12 months
you and your spouse must also complete Appendix B.

302 **Single Parent** If you:
 have legal and physical custody and responsibility for supporting a child.
you must also complete section 1200.

303 **Single Independent Student** If you:
 have completed two periods of 12 consecutive months in the work force while not studying full-time
 have been out of high school for four years
 have no legal guardian or sponsor, and your parents are deceased
 are separated/divorced/widowed and do not have legal custody of any children
 are or were in the past, a ward of a child and family services agency
you are considered as an independent student.

304 **Single Dependent Student**
 None of the above statements apply to you.
You are considered as a dependent student and your parents must also complete Appendix C.

Section 400: Residency

Check the first box that best fits, as of your study period start date.

- 401 You (or your spouse, if applicable) received Canada or Manitoba Student Loans, Bursaries, or Grants from Manitoba Student Aid last year.
- 402 You (or your spouse, if applicable) have always lived in Manitoba.
- 403 You are an **independent student** (including single, single parent, married or common-law) as defined in Student Category (see Section 300) **and** Manitoba is the last place you (or your spouse, if applicable) lived/worked for 12 consecutive months before your study period, and were not a full-time student.
- 404 You are a dependent **student** as defined in Student Category (see Section 300) **and** your parents, guardians, or sponsors have lived in Manitoba for at least 12 consecutive months before the start of your current study period.
- 405 You have lived in Canada for **less than 12 months**: You are a Landed Immigrant/Protected Person and Manitoba is the **only** province you have lived in since arriving in Canada.
- 406 **None of the above** statements describe your situation. Please contact Manitoba Student Aid at 204-945-6321 (or toll-free in Canada and the USA at 1-800-204-1685) to determine if you need to apply to another province or territory.

Section 500: Canadian Indigenous Ancestry

Complete this question **ONLY** if you are one of the four Indigenous groups listed below.

- 501 If you were born in Canada and are of **Canadian Indigenous** ancestry, you may be eligible for additional funding. Please indicate below if you are:
- Métis Treaty / Status
 - Non-Status Inuit

Section 600: Students with Disabilities

To be eligible for the Canada Student Grant for Students with Disabilities and the Canada Student Grant for Services and Equipment - Students with Disabilities, you must have a permanent disability or a persistent or prolonged disability. Examples of such disabilities are visual impairment, hearing impairment, physical disability, learning disability, and mental health disability.

Not all medical conditions qualify as a disability for the purposes of these grants.

Definition of Permanent Disability

A permanent disability limits your ability to perform the daily activities necessary to pursue post-secondary studies and is expected to remain for your expected life.

Definition of Persistent or Prolonged Disability

A persistent or prolonged disability limits your ability to perform the daily activities necessary to pursue post-secondary studies and is expected to last for a period of at least 12 months but is not expected to remain for your expected life.

- 601 Do you wish to declare yourself as a student with a permanent disability or as a student with a persistent or prolonged disability?
- Yes – Permanent Disability
 - Yes – Persistent or Prolonged Disability
 - No

602 Banking Information

If you have declared yourself as a student with a permanent disability or as a student with a persistent or prolonged disability, please provide a Canadian bank account, in your name, that you want Manitoba Student Aid to use to deposit any Canada Student Grants for Services and Equipment for Students with Disabilities for which you may be eligible.

Name of Bank

Address of Bank

Transit No. and Bank No.

Account No.

| | | | |
|--|--|---|--|
| | | - | |
|--|--|---|--|

Section 700: Accommodations

- 701 Indicate where you are living, or will live during your study period:
- At home (with parents/sponsor)
 - In subsidized housing (Manitoba Housing facility)
 - Other (renting, living in residence or on campus)
- 702 Indicate the province you are living in during your study period. _____
- 703 Did you or will you have to move to attend post-secondary studies? Yes No

Section 800: Relocating, Commuting and Transportation

- Please note that there are yearly maximums to amounts allowed for transportation costs.
- 801 If you are **relocating** from one town or city to another to study, enter the total cost of one return trip home. |\$ _____|
- 802 If you are using a personal vehicle to commute within Manitoba (to or from a rural area) to attend school, please indicate the number of kilometers between your home and your educational institution _____ (one way). How many times per week do you make this trip? _____ (If you travel Monday through Friday, your answer would be 5.)

Section 900: Other Contact Person

All students must complete this section.

Contact Information: Provide your parent's, sponsor's, next of kin's, or friend's name and address. **Do not include spouse or children.** If you have no parent(s)/ sponsor(s) within North America, you must provide a next of kin or other contact person within Canada. See definition of parent/sponsor in **Appendix C.**

- 901 Relationship: Parent/Sponsor Next of Kin (example, brother or sister) Other (example, friend)
- 902 Last Name: _____ 903 First Name: _____
- 904 Phone Number: _____ 905 Alternate Phone Number: _____
Area Code Area Code
- 906 If you selected Parent/Sponsor/Next of Kin, is their address the same as yours?
 Yes **If yes, go to 912.** No If no, you must provide the address below.
- 907 Address _____
- 908 City/Town _____
- 909 Province/State _____
- 910 Country _____
- 911 Postal Code/Zip Code _____

If you are married or common-law you must complete items 912 to 917.

Spouse's Personal Information

- 912 Last Name _____ 913 First Name _____
- 914 Date of Birth YYYYMMDD _____ 915 Social Insurance Number (SIN) _____
- 916 Phone Number _____
Area Code
- 917 Occupation Employed Full-time post-secondary student Unemployed

Section 1000: Academic Information

1001 Are you studying outside Manitoba? Yes **You must also complete items 1013 to 1016**
 No

1002 **Student Number** _____

Leave this blank if you do not know your student number at this time. You will be required to provide it at a later date.

1003 Full name of the educational institution you plan to attend this academic year

1004 Campus name (or location) _____

1005 Name of program (example, Arts) and major or specialization, if known

1006 Indicate if any of the following apply to you:

Co-op program (Manitoba Student Aid does not fund the co-op portion of your program) Yes

Majority of courses online, correspondence, or distance learning Yes

1007 This program leads to a: Certificate Diploma Associate Degree Bachelor Degree Bachelor Honours Degree
 Pre-Masters/Masters Ph D

1008 If you are taking a Masters or Ph D program, are you required to pay only re-registration fees? Yes

1009 Enter the start and end dates of this year's program. **Start** YYYYMMDD _____ **End** YYYYMMDD _____
 Ensure the dates do not include the co-op portion (if applicable). **This is your Study Period.**

1010 What year of your program are you enrolled in during this study period?

I am enrolled in year _____ of a _____ year program. (example: Year 2 of a 4 year Science program.)

1011 What percentage of a full course load are you taking? _____ %

If you are not sure, contact your school.

1012 Have you previously taken post-secondary courses as a full-time or part-time student at any university, college, or private vocational institution?

Yes **If Yes, you must also complete Appendix A.**

If you are studying in-person or online at an institution outside of Manitoba, you must complete items 1013 - 1016.

1013 **Registrar's E-mail Address:** _____

1014 \$ _____
 Tuition Fees

1015 \$ _____
 Compulsory Fees

1016 \$ _____
 Mandatory Books and Supplies

***do not include residence or housing fees**

Section 1100: Applicant's Resources

For each item below, enter the TOTAL INCOME for your entire study period (rounded to the nearest dollar). Do not enter weekly, bi-weekly, monthly, etc. amounts. Provide estimates if exact amounts are not known. **If you are married or common-law, also complete Appendix B.**

| | |
|--|--|
| | TOTAL for entire Study Period |
| <p>1101 List funding received or to be received for tuition, books, supplies, or living allowances (e.g. Workforce Training and Employment, Employability Assistance for People with Disabilities). Do NOT include funding from the Post-Secondary Student Support Program (PSSSP), (eg., First Nations Band Funding), Manitoba Metis Federation, the Canada Learning Bond or the Global Skills Opportunity. Enter the gross amount (before deductions).....</p> | <p>Enter 0 (Zero) if none.</p> <p>\$ _____</p> |
| <p>1102 Scholarships/Bursaries/Other Awards.....</p> | <p>\$ _____</p> |
| <p>1103 Employment & Income Assistance (EIA) benefits.....</p> | <p>\$ _____</p> |
| <p>1104 Please indicate your TOTAL INCOME for 2022 (this is the amount from line 15000 on your Income Tax Return)</p> | <p>\$ _____</p> |

Section 1200: Applicant's Dependant Children

Applicants with dependant children – complete this section.

1201 List all children you have legal and physical custody and responsibility for supporting. Do not include children employed full-time, on Employment Insurance, on Employment and Income Assistance, or who have attained independent status (see Student Category in Section 300). Please indicate if any of these dependents have a permanent disability.

| Name | Date of Birth (YYYY/MM/DD) | Pre-School/ Kindergarten to Grade 12 | Post-Secondary (after Grade 12) | Person with a Permanent Disability |
|-------|-------------------------------|---|------------------------------------|---------------------------------------|
| _____ | _____ YYYYMMDD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ YYYYMMDD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ YYYYMMDD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ YYYYMMDD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1202 If you will be paying daycare costs, how much per month? \$ _____/month

IMPORTANT - APPLICANT (and SPOUSE, if applicable) MUST READ AND SIGN

I declare that:

- All information given on this application is complete and true to the best of my knowledge.
- I will use any assistance that I receive first to pay educational costs and then living costs directly related to my course of study and not for any other purpose.
- I will not be receiving student financial assistance from any other province or country for the same period of study.

I understand that:

- I must immediately notify Manitoba Student Aid in writing, of any changes to any information reported on my application.
- If I fail to provide complete, accurate and up-to-date information on my application I might be required to immediately repay all or part of the assistance I received and I might not be allowed to receive assistance in the future.
- I might be required to immediately repay all or part of the assistance I receive if there is a mistake in the way I am assessed and this results in me getting too much money, even if the mistake is a result of an error on my part or on the part of my spouse, my parent, or my educational institution, or the Manitoba Department of Advanced Education and Training, its agents or service providers.
- I will be required to repay any loan or bursary awards I am not entitled to receive (overawards), and I understand and agree that these may be deducted from subsequent awards, or the amount of the award may be added to my existing Manitoba Student Loan, or a new loan might be created to repay the debt.
- Payments and repayments I am required to make, including repayment of an overaward, are debts due and owing to the Government of Manitoba, payable immediately on demand.
- If I default on my Manitoba Student Aid Program debt repayments, the loan can be registered with the Canada Revenue Agency (CRA)'s Refund Set-off Program (RSO). That means that Manitoba Student Aid can apply to take my loan repayments from my tax refunds or GST cheques.
- If I default on my Manitoba Student Aid Program debt repayments, the Government of Manitoba may choose to apply its right of set-off under section 47 of The Financial Administration Act. That means that the Government of Manitoba can deduct the amount I owe out of any amount of money payable to me from the Government of Manitoba or its agencies.
- If I default on my Manitoba Student Aid Program debt repayments, information about the loan may be provided to agents, service providers and collection agencies (including the Canada Revenue Agency) acting on behalf of the Government of Manitoba for debt collection purposes.

- If I default on my Canada Student Financial Assistance Program or Manitoba Student Aid Program debt repayments or give false or misleading information on an application form, Manitoba Student Aid may provide certain information, including personal information about me, to the courts, to financial institutions, and to service providers and collection agencies (including the Canada Revenue Agency) acting on behalf of the governments of Canada and Manitoba, and my credit rating will be affected. Also, I understand that I might be required to immediately repay any assistance and I might not be allowed to receive further assistance in the future.
- Manitoba Student Aid reports to Equifax Canada Inc., and my student loan repayment history will affect my credit rating.

I authorize:

- Canada Student Financial Assistance Program or Manitoba Student Aid to directly remit all or a portion of my financial assistance to my educational institution (EI) where my EI requests the payment of my academic fees.
- Manitoba Student Aid to create a new loan in overaward situations and I understand and agree that I am responsible for repaying the new loan. I also understand that this new loan may not be eligible for repayment assistance.

I make this declaration knowing that:

- Fraud and forgery are offences under the Criminal Code of Canada.
- It is an offence under the Canada Student Loans Act, the Canada Student Financial Assistance Act and The Student Aid Act of Manitoba to knowingly give false or misleading information.
- Anyone found guilty of an offence is liable to be fined up to \$1,000 under the two federal Acts and to be fined up to \$5,000 under The Student Aid Act of Manitoba.
- Information provided in this application is subject to audit and verification.

CONSENT TO INDIRECT COLLECTION AND DISCLOSURE OF PERSONAL INFORMATION

To determine and verify my eligibility for student aid and investigate my application, I and my spouse (if applicable) understand that Manitoba Student Aid may need to indirectly collect and disclose personal information and personal health information about me (and my spouse) including but not limited to my educational and employment history, and information about my (and my spouse's) financial circumstances, income, assets, resources, and credit history for the following purposes:

- To determine and verify my eligibility for student aid and to investigate this application; and,

- To administer, enforce and evaluate the Manitoba Student Aid Program (including related policies and legislation).

I and my spouse (if applicable) consent to the following persons and entities disclosing personal information and personal health information about me (and my spouse) to Manitoba Student Aid for these purposes:

- Any agents and service providers including, but not limited to, the National Student Loans Service Centre;
- Federal, provincial, and municipal government departments, agencies and Crown corporations including, but not limited to, the Canada Revenue Agency, Employment and Income Assistance within the Manitoba Department of Families, Employability Assistance for People with Disabilities within the Manitoba Department of Economic Development, Investment and Trade, Workforce Training and Employment within the Manitoba Department of Economic Development, Investment and Trade, the Manitoba Public Insurance Corporation, Service Canada, and Employment and Social Development Canada;
- My bank, trust company, credit union or financial institution; and any funding sources including, but not limited to, band funding, benefit providers, sponsoring agencies; consumer credit reporting agency; collection agencies; my educational institution; current or past employers.

I and my spouse (if applicable) consent to Manitoba Student Aid indirectly collecting personal information and personal health information about me (and my spouse) from these persons and entities, and to Manitoba Student Aid providing such personal information and personal health information to these persons and entities as may be necessary for the purposes outlined above.

I and my spouse (if applicable) also consent to the disclosure and exchange of my (and my spouse's) personal information and personal health information by and between Manitoba Student Aid, and its agents, service providers and federal and provincial government departments, agencies and Crown corporations, for use in research, statistical analysis, and evaluations related to student aid programs whether or not I am approved for any student financial assistance.

I and my spouse (if applicable) understand that our consent is voluntary and can be withdrawn at any time, but withdrawal may result in me being denied financial assistance or being required to immediately repay all or part of the assistance received, and I might not be allowed to receive further assistance in the future.

I understand and agree that the Declarations, Authorizations and Consents that I make or give on this application for student financial assistance from Manitoba and Canada will also apply to all future applications that I make for such student financial assistance.

I understand and agree that the Declarations, Authorizations and Consents that I make or give on this application for student financial assistance from Manitoba and Canada will also apply to all future applications for which student financial assistance is requested by my spouse.

Signature of Applicant

Signatures are to be written in ink.

X SIGN HERE

SIN of Applicant

Date

YYYYMMDD

Signature of Spouse

Signatures are to be written in ink.

X SIGN HERE

SIN of Spouse

Date

YYYYMMDD

PRIVACY NOTICE

Manitoba Student Aid is collecting your personal information and personal health information on this form for the purposes of the Manitoba Student Aid Program under the authority of The Student Aid Act of Manitoba, the Canada Student Loans Act, the Canada Student Financial Assistance Act and the Regulations under these Acts. Your information will be used for the following purposes:

- To determine and verify eligibility for student financial assistance and to investigate this application;
- To administer, enforce and evaluate the Manitoba Student Aid Program (including related policies and legislation); and
- For research, planning and reporting purposes related to the Manitoba Student Aid Program.

Your personal information is protected by The Freedom of Information and Protection of Privacy Act of Manitoba, and your personal health information is protected by the Personal Health Information Act of Manitoba. Any other use, and any disclosure, of your personal information or personal health information by Manitoba Student Aid must be authorized by you or must be authorized under The Freedom of Information and Protection of Privacy Act or The Personal Health Information Act.

If you have any questions about the collection of your personal information or personal health information, please contact the Director of Operations of Manitoba Student Aid at 401-1181 Portage Avenue, Winnipeg, Manitoba, R3G 0T3; phone number: 204-945-6321.

Name of Applicant (please print)

Signature of Applicant

Signatures are to be written in ink.

X SIGN HERE

SIN of Applicant

Date

YYYYMMDD

CONSENT TO THE RELEASE OF TAXPAYER INFORMATION

I, and my spouse (if applicable) consent to the Canada Revenue Agency disclosing to Manitoba Student Aid of the Department of Advanced Education and Training, information from my/our respective income tax returns and other taxpayer information that is necessary for the purpose of determining and verifying my eligibility for student financial assistance, and to administer, enforce and evaluate the Manitoba Student Aid Program established under The Student Aid Act of Manitoba and the Regulations made under it. I understand that this information will be used solely for these purposes and will not be disclosed by Manitoba Student Aid to any other person without my consent, unless required or authorized by law.

This consent is valid for the two taxation years prior to the year of signature of this consent, the year of signature and for any other subsequent year for which assistance is requested.

Name of Spouse (please print)

Signature of Spouse

Signatures are to be written in ink.

X SIGN HERE

SIN of Spouse

Date

YYYYMMDD

CONSENT TO THE INDIRECT COLLECTION AND DISCLOSURE OF INFORMATION FROM THE SOCIAL INSURANCE REGISTER

My signature indicates that I consent to the verification of my personal information which is provided in support of my application for federal and provincial student financial assistance with information contained in Employment and Social Development Canada's (ESDC) Social Insurance Register. This information will be disclosed to ESDC for the purpose of confirming the accuracy of my identification in the context of my application for federal and provincial student financial assistance.

Signature of Applicant

Signatures are to be written in ink.

Date

X SIGN HERE

YYYYMMDD



Appendix A

Section 1300: Academic History

If you have taken any previous post-secondary education - complete this appendix.

1301 Complete this section.

- Report all post-secondary studies you have taken **before** the year of study you are applying for now.
- List each year of study on a separate line (maximum of 52 weeks per line). If you need more space, attach a piece of paper.
- List fall/winter separately from spring/summer classes.
- List part-time separately from full-time studies.
- Do not list individual courses unless you took only one course in that year.
- Do not list anything older than 10 years.

| Institution Name | Program Name | Certification to be received (Bachelor's, Diploma, Certificate, Master, PhD) | Start Date | End Date | Check the box if you passed the minimum course load | Check the box if you received your Certification |
|-------------------|----------------|--|-------------------------------|-------------------------------|---|--|
| U of Manitoba | Arts | Bachelor's | 2 0 2 2 0 9 0 1 | 2 0 2 3 0 4 2 3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Red River College | Business Admin | Diploma | 2 0 2 1 0 9 0 1 | 2 0 2 2 0 6 2 7 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Red River College | Business Admin | Diploma | 2 0 2 0 0 9 0 1 | 2 0 2 1 0 6 2 6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

LIST ALL **FULL-TIME** EDUCATION IN THE BELOW CHART

| Institution Name | Program Name | Certification to be received (Bachelor's, Diploma, Certificate, Master, PhD) | Start Date | End Date | Check the box if you passed the minimum course load | Check the box if you received your Certification |
|------------------|--------------|--|------------|----------|---|--|
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

LIST ALL **PART-TIME** EDUCATION IN THE BELOW CHART

| Institution Name | Program Name | Certification to be received (Bachelor's, Diploma, Certificate) | Start Date | End Date | Check the box if you passed the minimum course load | Check the box if you received your Certification |
|------------------|--------------|---|------------|----------|---|--|
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

1302 How many years have you received full-time funding from Manitoba Student Aid for the program in which you are **currently enrolled**? _____

Note: For university students:

- a fall term only counts as 0.5 year
- a winter term only counts as 0.5 year
- a fall and winter term counts as 1 year
- a spring/summer term only counts as 0.5 year
- If you are in an undergraduate program, working towards a Bachelor of Science, and have taken 2 years of Arts, and 2 years of Science, enter 4, (the number of years you took at the undergraduate level).
- Include years when you voluntarily withdrew.
- Do not include previous certificates, diplomas, or degrees received before your current program.
- Do not include the years for any undergraduate degree if you are taking an After Degree program.

1303 Did you receive a Canada Student Loan in any previous year? Yes No

1304 Did you pass the minimum course load during the last time you enrolled in full-time post-secondary education/training? If you are not sure, contact your school.

Yes No I've never attended full-time post-secondary education/training.

Section 1400: Spouse's Resources

For each item below, enter your spouse's TOTAL INCOME for your entire study period (rounded to the nearest dollar). Do not enter weekly, bi-weekly, monthly, etc amounts. Provide estimates if exact amounts are not known.

TOTAL for entire Study Period

- 1401 **Employment Insurance Benefits** received or to be received.
Enter the **gross amount** (before deductions) \$
- 1402 **Provincial or Federal Disability Benefits**..... \$
- 1403 **Employment & Income Assistance (EIA) benefits** \$

Enter 0 (Zero) if none.

| | | |
|------|---|---|
| 1404 | Indicate your spouse's TOTAL INCOME for 2022 (this is the amount from line 15000 on your spouse's Income Tax Return) | \$ <input style="width: 80%;" type="text"/> |
|------|---|---|

Appendix C

Section 1500: Parental Information Parents of Dependant Applicants – complete this section.

The term parent includes natural parents, step-parents, legal guardians, and sponsors. Sponsors include people who sponsor immigrants to Canada.

1501 Parents' present marital status:

- Single Married Common-Law Separated/Divorced Widowed

1502 Parents' information

Parent #1

Last Name _____ First Name _____

Date of Birth YYYYMMDD _____ Social Insurance Number (SIN) _____

Parent #2

Last Name _____ First Name _____

Date of Birth YYYYMMDD _____ Social Insurance Number (SIN) _____

From parents' 2022 Income Tax Returns enter the required information below. Round all amounts to the nearest dollar.

| | Parent #1 | Parent #2 |
|---|-----------|-----------|
| 1503 Total Income (this is the amount from line 15000 on your Income Tax Return)..... | \$ _____ | \$ _____ |
| 1504 CPP (line 30800)* | \$ _____ | \$ _____ |
| 1505 Employment Insurance (line 31200)* | \$ _____ | \$ _____ |
| 1506 Tax Payable (line 43500)* | \$ _____ | \$ _____ |

* Refer to the Schedule 1 of your 2022 Income Tax Return for this information.

1507 Dependant Children

List all children you have legal and physical custody and responsibility for supporting, **including the applicant**. Do not include children employed full-time, on Employment Insurance, or Employment and Income Assistance, or who have independent status. See Student Category in Section 300, for information about dependent and independent status.

| Name | Date of Birth (YYYY/MM/DD) | Post-Secondary Student |
|-------|----------------------------|--------------------------|
| _____ | <u>YYYYMMDD</u> _____ | <input type="checkbox"/> |
| _____ | <u>YYYYMMDD</u> _____ | <input type="checkbox"/> |
| _____ | <u>YYYYMMDD</u> _____ | <input type="checkbox"/> |
| _____ | <u>YYYYMMDD</u> _____ | <input type="checkbox"/> |

Appendix C (continued)

PARENTAL DECLARATION AND CONSENT

IMPORTANT - PARENTS OF DEPENDANT APPLICANTS MUST READ AND SIGN

Name of Applicant _____ SIN of Applicant _____

DECLARATION, AND CONSENT TO COLLECTION AND RELEASE OF INFORMATION

I declare that:

- The parental information given on this application in support of my dependant child's application for student financial assistance is complete and true to the best of my knowledge, and that I will notify Manitoba Student Aid in writing of any changes to the parental information given on this application.

I understand that:

- If I fail to provide complete, accurate and up-to-date information on this application, the applicant might be required to immediately repay all or part of the assistance received and the applicant might not be allowed to receive assistance in the future.
- Manitoba Student Aid will not hold me liable for loans given to the applicant.

I make this declaration knowing that:

- Fraud and forgery are offences under the Criminal Code of Canada.
- It is an offence under the Canada Student Loans Act, the Canada Student Financial Assistance Act and The Student Aid Act of Manitoba to knowingly give false or misleading information.
- Anyone found guilty of an offence is liable to be fined up to \$1,000 under the two federal Acts and to be fined up to \$5,000 under The Student Aid Act of Manitoba.
- Information provided in the application is subject to audit and verification.

I understand and agree that the Declarations, Authorizations and Consents that I make or give on this application for student financial assistance from Manitoba and Canada will also apply to all future applications for which student financial assistance is requested by my dependant child.

CONSENT TO INDIRECT COLLECTION AND DISCLOSURE OF PERSONAL INFORMATION

I understand that Manitoba Student Aid may need to obtain personal information about me including my income for the following purposes:

- To determine and verify the eligibility of my dependant child (the applicant) for student aid and to investigate the applicant's application; and
- To administer, enforce and evaluate the Manitoba Student Aid Program (including related policies and legislation).

I consent to the following persons and entities disclosing personal information about me to Manitoba Student Aid, its agents and service providers (including the National Student Loans Service Centre), for these purposes: federal, provincial, and municipal government departments, agencies and Crown corporations, including, but not limited to, the Canada Revenue Agency and Employment and Social Development Canada.

I consent to Manitoba Student Aid indirectly collecting personal information about me from these persons and entities, and to Manitoba Student Aid providing such personal information to these persons and entities as may be necessary to obtain the information Manitoba Student Aid requires from them.

I understand that my consent is voluntary and can be withdrawn at any time, but withdrawal may result in my dependant child (the applicant) being denied financial assistance.

Signature of Parent #1 _____ Signatures are to be written in ink.
X SIGN HERE

Signature of Parent #2 _____ Signatures are to be written in ink.
X SIGN HERE

SIN of Parent #1 _____ Date _____
 YYYYMMDD

SIN of Parent #2 _____ Date _____
 YYYYMMDD

PRIVACY NOTICE

Manitoba Student Aid is collecting your personal information on this form for the purposes of the Manitoba Student Aid Program under the authority of The Student Aid Act of Manitoba, the Canada Student Loans Act, the Canada Student Financial Assistance Act and the regulations under these Acts. Your information will be used for the following purposes:

- To determine and verify the eligibility of your dependant child (the applicant) for student financial assistance and to investigate the applicant's application;
- To administer, enforce and evaluate the Manitoba Student Aid Program (including related policies and legislation); and
- For research, planning and evaluation purposes related to the Manitoba Student Aid Program.

Your personal information is protected by The Freedom of Information and Protection of Privacy Act of Manitoba, and your personal health information is protected by the Personal Health Information Act of Manitoba. Any other use, and any disclosure, of your personal information or personal health information by Manitoba Student Aid must be authorized by you or must be authorized under The Freedom of Information and Protection of Privacy Act or The Personal Health Information Act.

If you have any questions about the collection of your personal information or personal health information, please contact the Director of Operations of Manitoba Student Aid at 401-1181 Portage Avenue, Winnipeg, Manitoba, R3G 0T3; phone number: 204-945-6321.

CONSENT TO THE RELEASE OF TAXPAYER INFORMATION

I consent to the Canada Revenue Agency disclosing to Manitoba Student Aid of the Department of Advanced Education and Training, information from my income tax returns and other taxpayer information that is necessary for the purpose of determining and verifying the applicant's eligibility for student financial assistance and investigating the applicant's application, to administer, enforce and evaluate the Manitoba Student Aid Program established under the Student Aid Act of Manitoba and the Regulations made under it. I understand that this information will be used solely for these purposes and will not be disclosed to any other person without my consent, unless required or authorized by law. This authorization is valid for the two taxation years prior to the year of signature of this consent, the year of signature and for any other subsequent year for which assistance is requested by my dependant child.

Name of Parent #1 (please print) _____

Name of Parent #2 (please print) _____

Signature of Parent #1 _____ Signatures are to be written in ink.
X SIGN HERE

Signature of Parent #2 _____ Signatures are to be written in ink.
X SIGN HERE

SIN of Parent #1 _____ Date _____
 YYYYMMDD

SIN of Parent #2 _____ Date _____
 YYYYMMDD

