

## STUDENT INFORMATION SHEET

**Adult Basic Education Student Assistance Program**

The Adult Basic Education Student Assistance Program (ABESAP) provides needs-based grants to learners enrolled in Developmental Programs. These grants are intended to off-set the costs associated with tuition, fees, books, unsubsidized childcare and transportation for learners most in need of financial assistance. Please see below ("Eligibility") to determine if this application should be used.

**Student Eligibility**

To be considered for a Adult Basic Education Student Assistance Program Grant, a student must meet all of the following criteria:

- Be a Canadian citizen, permanent resident or protected person
- Be a BC resident;
- Be enrolled in an approved Adult Basic Education, English as a Second Language, or Adult Special Education course or program (please note that they are a number of other courses that may be considered Developmental Programming. Please discuss your course enrolment with your institution's Student Financial Aid Office to determine whether this application applies to you.)
- Demonstrate financial need.

**HOW DO I APPLY?**

**Students must complete sections 1- 5 of this application. Ensure that a spouse/common-law partner completes and signs necessary sections (if applicable). Students considered 'dependents' will be required to have parents complete and sign necessary sections (see instructions).**

**\*\*Applications must be submitted to the Financial Aid Office at your school\*\***

TRU-OL Financial Aid & Awards  
900 McGill Road, Kamloops, BC, V2C 0C8  
or Old Main Building 1631 (across from the Campus Cashier)  
800.663.9711 Ext#2  
250.852.6802  
OLfinaid@tru.ca

**SECTION 1: All Students MUST complete this section**
**01 Legal Last Name**

**02 Legal First Name & Middle Initial(s)**

**03 Mailing Address** **All mail will be sent to this address**


Apt/box /suite number

**04 City/Town**

**05 Province/State**

**06 Postal Code/Zip Code**

**07 Area Code** Telephone Number

**08 E-mail address**

**09 Marital Status**

Status as of the first day of classes (mark one box only):

 Single  Single Parent  Common Law  Married 
**10 Applicant's Dependants** - Number of dependents in your custody (excluding spouse) :

 Number of dependants Age 0-7  8-12  13-18  or None 
**11 Do you currently reside in your parent's home?**  Yes  No

**12 If you are under the age of 22 AND answered that you are „single“ to question 9 AND indicated that „No-you do not have a PWD designation“ to question 18 AND indicated „Yes“ – you reside with a parent/s to question 11, you are considered a „dependent“. Check dependent box if you meet this criteria. If you do not meet these criteria check „independent“ box.**

 DEPENDENT  INDEPENDENT

**13 If you identified as a „Dependant“ above, please have your parent(s) answer the following: What is your „family size“ (in your calculation please include the applicant, parent (s) residing with the student, and any other children of the parent that are under the age of 19 OR over the age of 19 with special needs)?**

 Enter the number:  or

 This question does not apply to me because I am an independent applicant 
**14 Social Insurance Number**
 -  - 
**15 Student Number (mandatory field)**

**16 Date of Birth** Year Month Day

 -  - 
**18 Do you have a „Person with Disabilities“ designation?** Yes  No 
**19 Citizenship Status** (Mark one box only)

 Canadian Citizen

 Landed Immigrant/ Permanent Resident

Country of Primary Citizenship:

If you are not a Canadian citizen, you must attach a copy of your Canadian immigration documentation

**20 Are you a resident of BC?** (see instructions for definition)

 Yes  No 
**21 Are you a Protected Person/Convention Refugee?**

 Yes  No 

**22 Are you, or were you at the time of your 19th birthday, a youth in continuing care of the director (ward of the court – the government is/was your legal guardian)?**

 Yes  No 
**23 Have you applied for admission to your school for the semester you are requesting funding?**

 Yes  No





**Adult Basic Education Student Assistance Program Application Form 2012/13**

**SECTION 3: Program Information**

32. Name of School Thompson Rivers University 33 Campus Kamloops

Course Type: 1. Adult Basic Education (ABE) 2. English as a Second Language (ESL) 3. Adult Special Education (ASE) 4. Developmental Other	Course Name & Number (indicate if the course is offered through distance delivery)	Previously received funding for this course	Course Start Date	Course End Date	# of weeks
e.g. ABE	ENGL 0600	No	Sep 5, 2012	Dec 15, 2012	17

**\*\*\* Proceed to Sections 4 & 5**



## Important Document - Read and Sign

### SECTION 4: Declaration

I. I understand that:

- 1) Answers that are not true, or that are misleading may be considered fraud. Fraud is against the law in Canada;
- 2) It is against the law to make false or misleading statements on this application and any of the documents forming part of it;
- 3) It is my responsibility to make sure that the information on this application and all the documents related to it is accurate;
- 4) All information is subject to audit and verification;
- 5) If I do not provide complete, accurate information, or if I obtain or attempt to access financial assistance by fraudulent means, I may not receive assistance under any of the programs outlined in this application now or in the future;
- 6) If I receive funding and it is then discovered that my application or documents forming part of it are not accurate, I may be required to immediately repay all or part of the funds I receive (plus interest). I may be required to do this if the mistake was made by me, my spouse or common law partner, my school, or the federal government. I may also be required to repay any overpayment with interest due to a change in my academic status (e.g. course load, study period) or financial status (part-time earnings, cash gifts, etc.);
- 7) If I receive funding under the program, the funding received may be taxable income; and

II. I understand that by signing below it means:

- 1) I have answered all questions on the application that pertain to me;
- 2) I certify that all the information is complete and accurate;
- 3) I am a registered student at a designated public post-secondary school (my school) within the province of British Columbia;
- 4) I will immediately notify my school, in writing, of any changes in my address, academic status (e.g. course load, study period), financial status (part-time earnings, cash gifts, etc.), marital status or in the financial status of my spouse or common law partner; and
- 5) I give my school permission to disclose personal information (as appropriate) with The Ministry of Advanced Education regarding my academic standing, awards, living arrangements, and financial status.

Signature of Applicant (Must be signed in Ink)

Print Name

Date Signed

Year      Month      Day

□ □ □ □	-	□ □	-	□ □
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### Section 5: Canada Revenue Agency Consent (important document – read, sign and date)

#### COLLECTION AND USE OF INFORMATION

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 (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 Ministry application. The information will be used solely for the purpose of verifying information on my application forms and for the general administration and enforcement of Ministry policy and the Canada Student Financial Assistance Act. 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.

Signature of Applicant (Must be signed in Ink)

Print Name

Date signed

Year      Month      Day

□ □ □ □	-	□ □	-	□ □
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Signature of spouse/common law partner (If applicable)

Print Name

Date signed

Year      Month      Day

□ □ □ □	-	□ □	-	□ □
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Signature of parent (s) (If applicable)

Print Name (s)

Date signed

Year      Month      Day

□ □ □ □	-	□ □	-	□ □
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Signature of parent (s) (If applicable)

Print Name (s)

Date signed

Year      Month      Day

□ □ □ □	-	□ □	-	□ □
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