

SECTION 1- APPLICANT'S PERSONAL INFORMATION

*List all known names, including full legal names- only listed names can be searched to qualify you.

(1) Legal **LAST NAME**

(2) Legal **FIRST NAME**

(3) Legal **MIDDLE NAME(S)**

(4) List all other known name(s)

(5) **SOCIAL INSURANCE NUMBER**

*Any Tuition Waiver payment is considered a taxable benefit by the Canada Revenue Agency.

(6) **DATE OF BIRTH**

YYYY MM DD

(7) **GENDER**

MALE FEMALE OTHER _____ (please specify)

(8) **STUDENT NUMBER**

(9) **PERSONAL EDUCATION NUMBER**

(10) **RESIDENCY**

Have you resided in B.C. for at least 12 months?

YES NO

(11) **CITIZENSHIP STATUS**

CANADIAN PERMANENT PROTECTED
CITIZEN RESIDENT PERSON

(12) **E-MAIL ADDRESS**- you will be contacted with application updates.

(13) Do you identify yourself as an Aboriginal person, that is First Nations, Metis or Inuit?

YES NO

(13a) If yes, do you identify as:

FIRST METIS INUIT
NATIONS

SECTION 2- APPLICANT'S DECLARATION- PLEASE READ AND SIGN

I am applying for funding to assist with my education under the Provincial Tuition Waiver Program.

I. By signing my name on this application form:

1. I certify that all information is complete and accurate and I have not altered or added to any of the Provincial Tuition Waiver Program application and/or questions.

2. (a) I understand that (**INSTITUTION NAME** _____) will disclose that I want to access the Provincial Tuition Waiver Program to the Ministry of Advanced Education, Skills and Training (AEST) who will then request information from the Ministry of Children and Family Development (MCFD) in order to confirm my status as a former child/youth in care or my status in an out of care order/agreement as defined by the *Child, Family and Community Service Act*; and/or the Ministry of Social Development and Poverty Reduction (SDPR) in order to confirm my status in the *Child of Home of Relative Program*. This consent takes effect when I sign this declaration.

(b) I understand that MCFD and/or SDPR will releases the information as it relates to my eligibility for the Provincial Tuition Waiver Program to AEST, who provides funding for this program. I understand that this information will be used to determine my eligibility for the Provincial Tuition Waiver Program. This consent takes effect when I sign this declaration.

Collection Notice and Use of Information

Your personal information is collected and disclosed by the post-secondary institution you are attending, to the Ministry of Advanced Education, Skills and Training, the Ministry of Children and Family Development, and the Ministry of Social Development and Poverty Reduction under sections 26(c), 26(e), 27(1(a)(i) and 27(1)(c)(iii) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA) in order to provide you a financial benefit. The information you submit may also be used for research, planning and evaluation related to this program.

If you have any questions about the collection, use or disclosure of this information, you may contact: Director, Tuition Waiver Program, Ministry of Advanced Education, Skills and Training, PO Box 9173, Stn Prov Govt, Victoria, BC V8W 9H7, Phone: (250) 387-6616.

X _____
SIGNATURE OF STUDENT PRINT NAME YYY Y MM DD
DATE SIGNED

***This form must be completed for each Post-Secondary Institution attended.**

SECTION 3- STUDY INFORMATION- TO BE COMPLETED BY THE INSTITUTION

*Incomplete information will delay this application

POST-SECONDARY INSTITUTION NAME

POST-SECONDARY INSTITUTION ADDRESS

SEMESTER START DATE

PROGRAM NAME

COSTS TUITION..... \$ _____ .00
MANDATORY FEES..... \$ _____ .00

X _____
SIGNATURE OF FINANCIAL AID OFFICER PRINT NAME YYY Y MM DD
DATE SIGNED