



# Manitoba Student Aid Application

## For Full-Time Post-Secondary Students

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Instructions for the **2024 – 2025 Manitoba Student Aid Application** – for programs starting between **August 1, 2024 and July 31, 2025**.

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### 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 or longer during peak times for your paper application to be processed.** Once processing is complete, you will receive an email advising you to log into your online account, which contains your assessment details and a list of any required documents you will need to submit to complete your application. NOTE: You must include a valid personal email address in your application.

After your required documents are verified by Manitoba Student Aid, 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 your bank account.

**Exception:** if your school is located outside of Canada, all your funding will be deposited to the bank account on your file.

**IMPORTANT:** Any changes to your application (ex. marital status or course load) must be reported to Manitoba Student Aid so a reassessment can be completed.

### CREATING AN ONLINE ACCOUNT

To create your online account, go to [www.ManitobaStudentAid.ca](http://www.ManitobaStudentAid.ca). Click on the *Create an Account* link on the top 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

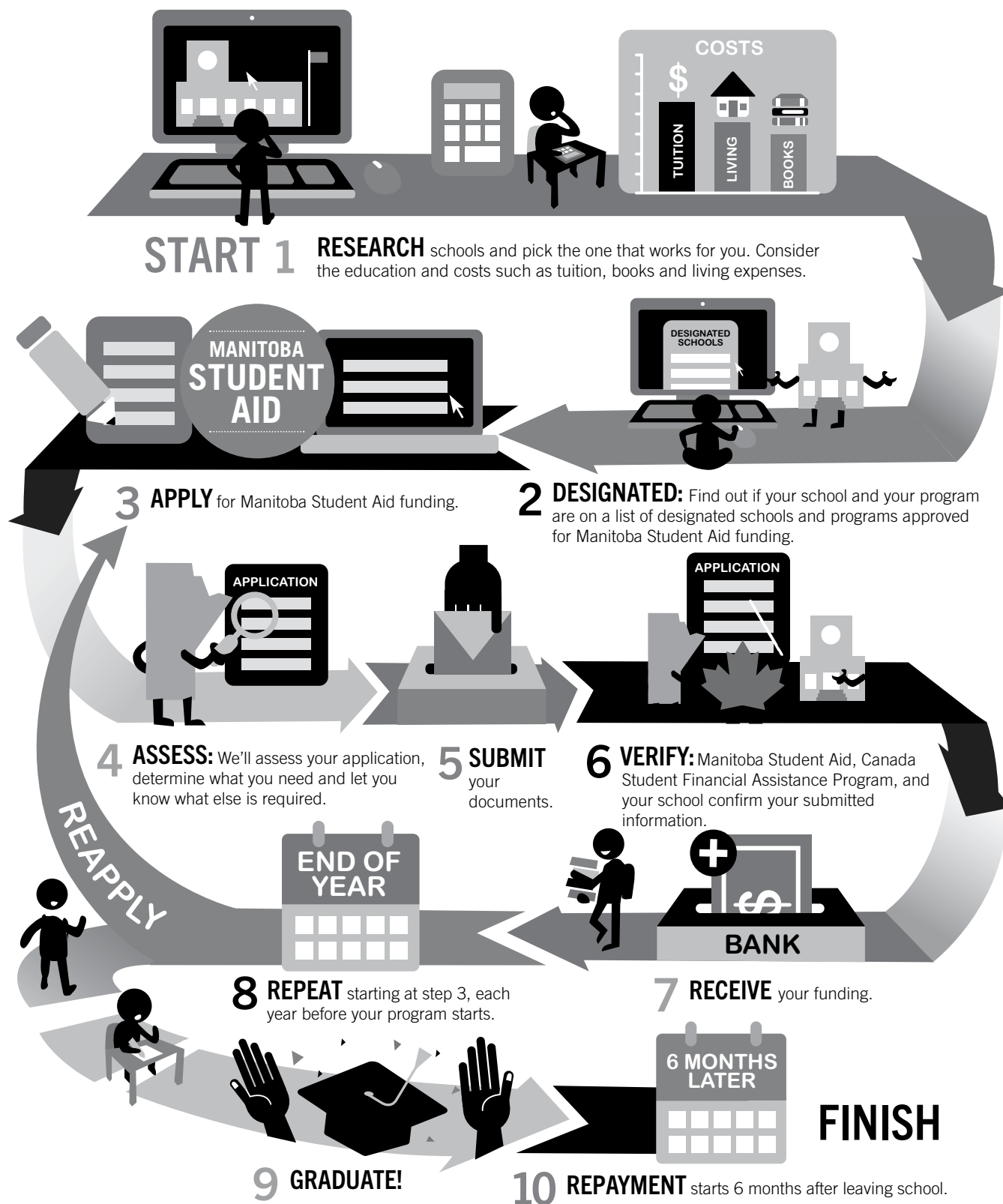
1. Print the completed application.
2. Sign and date the application in ink in all required areas.
3. Submit the completed application to Manitoba Student Aid by mail or dropbox:

Manitoba Student Aid  
401-1181 Portage Avenue, Winnipeg, Manitoba R3G 0T3  
(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 a standard high school setting  
 (in Manitoba, high school is typically completed the year you turn 18).  
 Exclude adult education.  
 \_\_\_\_\_
- 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 been active in the labour force full-time for at least two years  
 Note: These two years do not need to be consecutive; but each year of work must have been 12 months in a row.  
☐ have been out of high school for four years  
☐ have no parent, guardian, sponsor, or other supporting relative, due to death or disappearance  
☐ 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

## 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: \_\_\_\_\_ Area Code \_\_\_\_\_ 905 Alternate Phone Number: \_\_\_\_\_ 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. Please include all the terms you plan to attend during the academic year. The study period dates entered must match your school's dates.

**For students attending schools outside of Canada:** Contact your school to verify if they are confirming enrolment on a term-by-term basis. If they are, you must apply for first term only, and then notify Manitoba Student Aid when you have registered for your second term courses in order for your application to be reassessed to include both terms.

Ensure the dates do not include the co-op portion (if applicable). Start YYYYMMDD End YYYYMMDD  
**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

**1101 Funding received or to be received for tuition, books, supplies, or living allowances from a sponsoring agency/program** (e.g. Training and Employment Services, 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, the Global Skills Opportunity or Manitoba Student Aid.  
Enter the **gross amount** (before deductions) ..... \$

Enter 0 (Zero) if none.

**1102 Scholarships/Bursaries/Other Awards** ..... \$

**1103 Employment & Income Assistance (EIA) benefits** ..... \$

**1104 Please indicate your TOTAL INCOME for 2023 (this is the amount from line 15000 on your Income Tax Return)** \$

**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
<input type="text"/>	<input type="text" value="YYYYMMDD"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text" value="YYYYMMDD"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text" value="YYYYMMDD"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text" value="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.

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.

- 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 or 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, Trade and Natural Resources, Training and Employment Services within the Manitoba Department of Economic Development, Investment, Trade and Natural Resources, 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, bank 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 for which student financial assistance is requested by my spouse.

**Signature of Applicant**

**X**

**Signatures are to be written in ink.**

S I G N H E R E

**SIN of Applicant**

**Date**

YYYYMMDD

**Signature of Spouse**

**X**

**Signatures are to be written in ink.**

S I G N H E R E

**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**

**X**

**Signatures are to be written in ink.**

S I G N H E R E

**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**

**X**

**Signatures are to be written in ink.**

S I G N H E R E

**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**

**X**

**Signatures are to be written in ink.**

S I G N H E R E

**Date**

YYYYMMDD

**Manitoba** 



## 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   3   0   9   0   1	2   0   2   4   0   4   2   3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Red River College	Business Admin	Diploma	2   0   2   2   0   9   0   1	2   0   2   3   0   6   2   7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Red River College	Business Admin	Diploma	2   0   2   1   0   9   0   1	2   0   2   2   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/faculty 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
- 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) .....

Enter 0 (Zero) if none.  
\$

1402

Provincial or Federal Disability Benefits.....

\$

1403

Employment & Income Assistance (EIA) benefits .....

\$

1404

Indicate your spouse's TOTAL INCOME for 2023 (this is the amount from line 15000 on your spouse's Income Tax Return).....

\$

## 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' 2023 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 2023 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.

## 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.

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.

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

