

# Scholarship of Honour

## Family Member Application

**Student Service Centre**  
1120 - 2010 12th Avenue  
Regina, Saskatchewan S4P 0M3  
306-787-5620  
1-800-597-8278  
Fax: 306-787-1608

The Government of Saskatchewan created the Scholarship of Honour to recognize Canadian Forces soldiers (Regular and Reserve) who actively served in designated military operations since January 2001. The Scholarship is also available to family members (spouse and children) of fallen or disabled soldiers.

The Scholarship provides a one-time award of \$5,000 to the soldier and each family member.

## Eligibility

To be eligible, the applicant must be:

1. Enroled\* in a post-secondary institution anywhere in Canada with a program of study start date on or after March 2, 2009; **and**
2. The spouse or child of a Canadian Forces soldier who:
  - a. Was permanently disabled or deceased while serving in a designation military operation, or as a result of a designated military operation, after September 2001; **and**
  - b. Currently resides or has previously resided in Saskatchewan for six consecutive months.

\*The applicant must be enroled in a post-secondary institution in a program of study that leads to an academic credential (i.e., certificate, diploma or degree) and is at least 12 weeks in length.

## How to Apply

The following information must be included with your application:

- Documentation verifying military service dates and designated operation (i.e., Member's Personnel Record Resume);
- Confirmation of Enrolment form signed by the post-secondary institution you are attending (and completed within 30 days of start date of the course of study);
- Proof of death or disability. The document should indicate if the death or disability was the result of having served in the designated operation. If a disability, please indicate the nature of the nature of the disability. Disability related documents may be obtained from Veteran Affairs Canada; and
- Direct Deposit form containing banking information.

Applications must be received before the end of the program of study. Applicants who have already graduated from a program in the past do not qualify for the scholarship. A tax (T4A) will be issued for income tax purposes.

Please submit your application and required documents to:

Ministry of Advanced Education Student Service Centre  
1120 - 2010 12th Avenue  
Regina, Saskatchewan S4P 0M3

## Personal Information

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Social Insurance Number (SIN): \_\_\_\_\_ Date of Birth (dd/mmm/yyyy): \_\_\_\_\_

Preferred Title:  Mr.  Mrs.  Ms.  Miss

Address:

\_\_\_\_\_

Apt No.	Street/Box No.	City/Town	Province	Postal Code
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Daytime Telephone No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Member Information

Name of Canadian Forces Member: \_\_\_\_\_

Member Service Number (SN): \_\_\_\_\_

Designated Operation: \_\_\_\_\_

Operation Start Date (dd/mmm/yyyy): \_\_\_\_\_ Operation End Date (dd/mmm/yyyy): \_\_\_\_\_

The Canadian Forces Member currently resides or has previously resided in Saskatchewan for six consecutive months

Start Date (dd/mmm/yyyy): \_\_\_\_\_ End Date: (dd/mmm/yyyy): \_\_\_\_\_

Relationship to Canadian Forces Member:  Spouse  Child

Is the Canadian Forces Member Deceased:  No  Yes Date (dd/mmm/yyyy): \_\_\_\_\_

If deceased, please complete [Declaration, Consent, and Authorization - Consent Section C](#).

## Post-Secondary Education Information

Name of Institution: \_\_\_\_\_

School Address:

\_\_\_\_\_

Street/Box No.	City/Town	Province	Postal Code
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Telephone No.: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Type:  Journeyperson  3 Year Bachelor/Undergraduate Degree

1 Year Certificate/Diploma  4 Year Bachelor/Undergraduate Degree

2 Year Certificate/Diploma  Masters/Ph.D.

Program Start Date (dd/mmm/yyyy): \_\_\_\_\_ Program End Date (dd/mmm/yyyy): \_\_\_\_\_

## Disability Information (if applicable)

Nature of Disability:

Deaf, Hard of Hearing

Physical Disability

Blind, Visually Impaired

Learning Disability

Other (e.g. head injury, mental illness), please specify: \_\_\_\_\_

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If disability applies, please have the Canadian Forces Member complete [Declaration, Consent, and Authorization - Consent Section A](#) and the family applicant complete [Declaration, Consent, and Authorization - Consent Section B](#).

## Declaration, Consent, and Authorization - Consent Section A

**This section to be completed by the Canadian Forces Member who has a disability resulting from serving in the designated operation.**

**I declare** that I have resided in Saskatchewan for six consecutive months and that the information I have provided for this application, is to the best of my knowledge, correct and complete, and I understand that this information will be used to determine the eligibility of my family member, \_\_\_\_\_, for the Scholarship of Honour.

(Name of Family Member/Applicant)

**I consent and authorize** the Canadian Forces and the Saskatchewan Ministry of Advanced Education to disclose and release to each other, any information or documents (including any personal information as defined in *The Freedom of Information and Protection of Privacy Act* and any personal health information as defined in *The Health Information Protection Act*), for the purpose of assessing my family member's eligibility for the Scholarship of Honour.

**I understand and consent** to my personal information (as defined in *The Freedom of Information and Protection of Privacy Act*) and any personal health information (as defined in *The Health Information Protection Act*) being stored by the Government of Saskatchewan and used for the administration, research and evaluation of the Scholarship of Honour.

X \_\_\_\_\_  
Signature of Canadian Forces Member

\_\_\_\_\_  
Date

## Declaration, Consent, and Authorization - Consent Section B

**This section to be completed by the family member/applicant (spouse or child) of the Canadian Forces Member who has a disability resulting from serving in the designated operation.**

**I declare** that my Canadian Forces Member (parent/or spouse) has resided in Saskatchewan for six consecutive months and that the information I have provided for this application, is to the best of my knowledge, correct and complete, and I understand that this information will be used to determine my eligibility for the Scholarship of Honour.

**I consent and authorize** my educational institution and the Saskatchewan Ministry of Advanced Education to disclose and release to each other, any information or documents (including any personal information as defined in *The Freedom of Information and Protection of Privacy Act*), for the purpose of assessing my eligibility for the Scholarship of Honour.

**I understand and consent** to my personal information (as defined in *The Freedom of Information and Protection of Privacy Act*) and any personal health information (as defined in *The Health Information Protection Act*), being stored by the Government of Saskatchewan and used for the administration, research and evaluation of the Scholarship of Honour program.

X \_\_\_\_\_  
Signature of Family Member/Applicant Date

## Declaration, Consent, and Authorization - Consent Section C

**This section to be completed by the family member/applicant, if the Canadian Forces Member is deceased.**

**I declare** that my Canadian Forces Member (parent/or spouse) had resided in Saskatchewan for six consecutive months and that the information I have provided for this application, is to the best of my knowledge, correct and complete, and I understand that this information will be used to determine my eligibility for the Scholarship of Honour.

**I consent and authorize** the Canadian Forces and the Saskatchewan Ministry of Advanced Education to disclose and release to each other, any information or documents (including any personal information as defined in *The Freedom of Information and Protection of Privacy Act* and any personal health information as defined in *The Health Information Protection Act*), pertaining to my parent/ or spouse and Canadian Forces member, for the purpose of assessing eligibility for the Scholarship of Honour.

**I consent and authorize** my educational institution and the Saskatchewan Ministry of Advanced Education to disclose and release to each other, any information or documents (including any personal information as defined in *The Freedom of Information and Protection of Privacy Act*) for the purpose of assessing my eligibility for the Scholarship of Honour.

**I understand and consent** to my personal information (as defined in *The Freedom of Information and Protection of Privacy Act*) and any personal health information (as defined in *The Health Information Protection Act*), being stored by the Government of Saskatchewan and used for the administration, research and evaluation of the Scholarship of Honour program.

X \_\_\_\_\_  
Signature of Family Member/Applicant Date