

**Office Use Only**

Date Received	File Number	Bar Code
	PSE Number	
	Application Number	

**APPLICANT DEMOGRAPHIC**

Social Insurance Number (SIN)  No SIN

Date of Birth  Day Month Year

Sask. Health Services Number (HSN)  No HSN

Gender  Male  Female

Legal Last Name  Legal First Name  Legal Middle Name

**Helpful Tips**

If you do not have a valid Saskatchewan Health Services Number (HSN), check the box.

We cannot process your application without a valid Social Insurance Number. If you do not have one, contact Employment & Social Development Canada.

If your mailing address changes, notify the Student Service Centre immediately.

**MAILING ADDRESS** (where you want your documents sent):

Apt #  Street/Box No.

City/Town  Province  Country (other than Canada)

Postal Code  Area Code and Home Telephone  Area Code and Cell Number

Area Code and Other Telephone

Email Address

**APPLICANT CATEGORY**

Indicate your Marital Status. If your Marital Status is anything other than single, please include a commencement date.

Single  Married  Common-law  Separated  Divorced  Widowed

Commencement Date:  Day Month Year

If you have checked Married or Common-law above, your spouse/partner is required to complete **Section 3 - Spouse of Married/Common-Law Applicant**

Refer to page 4 of the Instructions Guide for common-law information.

# APPLICANT DEPENDANTS

Dependant's Legal First Name

Dependant's Legal Last Name

Sask. Health Services Number

Date of Birth

No HSN

Day	Month	Year

Do you require full-time child care for this dependant?  Yes  No

If yes, is child care subsidized?  Yes  No

Dependant's Legal First Name

Dependant's Legal Last Name

Sask. Health Services Number

Date of Birth

No HSN

Day	Month	Year

Do you require full-time child care for this dependant?  Yes  No

If yes, is child care subsidized?  Yes  No

Dependant's Legal First Name

Dependant's Legal Last Name

Sask. Health Services Number

Date of Birth

No HSN

Day	Month	Year

Do you require full-time child care for this dependant?  Yes  No

If yes, is child care subsidized?  Yes  No

Dependant's Legal First Name

Dependant's Legal Last Name

Sask. Health Services Number

Date of Birth

No HSN

Day	Month	Year

Do you require full-time child care for this dependant?  Yes  No

If yes, is child care subsidized?  Yes  No

Dependant's Legal First Name

Dependant's Legal Last Name

Sask. Health Services Number

Date of Birth

No HSN

Day	Month	Year

Do you require full-time child care for this dependant?  Yes  No

If yes, is child care subsidized?  Yes  No

## Helpful Tips

List all of your dependent children living with you full-time (at least 50% of the time) and on your Saskatchewan Health Services record. Refer to Page 5 of the Instructions Guide for exceptions. The information reported here must be current as of the date of application.

You must answer both questions if you require child care allowance.

Child care expenses will be calculated at a flat rate for subsidized or unsubsidized child care for each dependent listed and verified through the Child Care Subsidy Office.

For information on Child Care Subsidy, call 1-800-667-7155.

If you need more space, attach an additional sheet.

## SINGLE STUDENTS WITHOUT DEPENDANTS

If you are a single student with no dependents and have never been married or lived in a common-law relationship, you must complete the questions below to determine whether you are a single dependent or single independent student.

- I have been out of Elementary/High School for four years or more (June 2014 or earlier).
- Since leaving Elementary/High School, I have not been a full-time student and I have been employed or seeking employment for two periods of 12 consecutive months.
- My parents are deceased and I have no legal guardian.
- None of the above statements apply to me.
- Therefore, you are a **"Dependent Student"** and your parent(s), guardian(s) or official sponsor(s) are required to complete **Section 2 - Parental Information** and your parents' income will be considered in determining your financial need.

### Helpful Tips

If one of the first three questions describes your situation, you are considered an independent student.

Students who are not in full-time study are considered to be actively seeking employment, including those in receipt of Employment Insurance Benefits or Social Assistance.

## APPLICANT ELIGIBILITY

### Citizenship

Check (✓) the box which applies to you. If none of these apply to you, you are not eligible for financial assistance under the Provincial Training Allowance Program.

- You are a **Canadian citizen**.
- You are a **Permanent Resident of Canada**.  
Date Landed in Canada:
- You are a **Protected Person**.  
You must submit a copy of your "Notice of Decision" or "Verification of Status."  
Date Landed in Canada:

Day	Month	Year

Day	Month	Year

## STATUS DECLARATION (the following information is voluntary)

### Aboriginal Ancestry

Aboriginal people are those who identify themselves to be North American Indian, Treaty/Registered/Status Indian, Non-Status Indian, Métis or Inuit. Based on this definition, do you **consider yourself to be of Aboriginal ancestry?**

- Yes  No

If yes, please indicate below which group you belong to:

- Métis  Non-Status Indian  Inuit  Treaty/Registered/Status Indian

Treaty Number:

### Visible Minority Status

Visible minority persons are persons other than Aboriginal people, who are people of colour. For example; African, Chinese, Korean or Pacific Islander ancestry. Based on this definition, do you consider yourself to be a visible minority person?

- Yes  No

### Disability Status

Permanently Disabled persons are persons whose disability is of a permanent nature. The disability limits your physical and/or mental ability to perform the daily activities necessary to participate fully in studies or in the labour force.

Based on this definition, do you consider yourself to be permanently disabled?  Yes  No

Indicate the nature of your disability:

- Learning Disability  Acquired Brain Injury  Mobility Impairment
- Hearing  ADD/ADHD  PDD (autism, neurological)
- Visual  Speech  Psychiatric or Psychological
- Other. Specify \_\_\_\_\_





# BANKING INFORMATION

The information below pertains to the following applicant file:

Applicant SIN

Applicant Legal Last Name

Applicant Legal First Name

If you have received Provincial Training Allowance in the past, do you wish to use the same bank account?

YES

NO

If you checked NO, or you have never received PTA in the past, please complete the bank information below.

ATTACH A VOID CHEQUE OR  
COMPLETE THE BANKING INFORMATION AREA BELOW (SEE EXAMPLE).

## BANK INFORMATION (ELECTRONIC FUNDS TRANSFER)

MICR Bank Transit Number

Account Number

Full Name, Address and Telephone Number of Bank

If you require assistance completing the bank information, please contact your financial institution

EXAMPLE:

||999|| ||99999||999|| 999||999||9||

1

2

3

4

This is the cheque number (do not enter this number).  
This is the branch number (5-digit number).  
This is the institution number (3-digit number).  
This is the account number used for direct deposit

**Note: Your Provincial Training Allowance will be transferred directly to this bank account.**





Ministry of Advanced Education  
 Student Service Centre  
 1120 – 2010 12<sup>th</sup> Avenue  
 Regina SK S4P 0M3  
 Phone: 306-787-562 or 1-800-597-8278  
 Fax: 306-798-1608

**Provincial Training Allowance  
 Consent to Release Information**

File No. Office Use Only	
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**2018-2019  
 Consent to Release Information  
 (Optional)**

By completing this form you authorize the Government of Saskatchewan and/or your school to release personal and financial information regarding your Provincial Training Allowance (PTA) to the individual(s) noted below.

I, \_\_\_\_\_, give permission to the following person(s)  
(student)

\_\_\_\_\_ to access all my personal and  
(Name of Individual(s) you are authorizing to receive information on your behalf)

financial information with regard to my PTA authorized by the Student Service Centre.

I understand that by signing this form, information may be released to the above noted party only after a full verification of my account information (Full Name, Date of Birth and Social Insurance Number) is completed.

This consent will be valid ONLY for the school year in which it is signed. If I choose to revoke this Consent to Release Information before the end of the school year, I may do so at any time by submitting a written letter to the Student Service Centre and/or my school.

\_\_\_\_\_  
 Student Name (please print)

\_\_\_\_\_  
 (Student Signature)

\_\_\_\_\_  
 (Date)

Fax or mail this form to the Student Service Centre at the address above and give a copy to your school.





Indicate your Marital Status. If your Marital Status is anything other than single, please include a commencement date.

Single    Married    Common-law    Separated    Divorced    Widowed

Commencement Date:

Day	Month	Year

### Mailing Address

Apt #	Street/Box No.
<input type="text"/>	<input type="text"/>

City/Town	Province	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal Code	Area Code and Home Telephone Number
<input type="text"/>	<input type="text"/>

### PARENT DEPENDANTS

For the purposes of determining family size in assessing the parental contribution, a dependent applicant is:

- a child, including and adopted child, a step-child or a wholly dependent person;
- 18 years or younger;
- wholly dependent on you or your spouse for support
- in the custody and control of you or your spouse, in law or in fact.

A child over the age of 18 is also considered dependent if they are in full-time attendance at secondary school or at a post-secondary institution; and

- have never been married or lived in a long-term common-law relationship (at least 12 months); and
- do not have any dependent children; and
- have not been out of secondary school for four years (48 months) or more; and
- have not been in the workforce for two periods of 12 consecutive months.

List the number of dependent children living in the parent's household excluding the applicant.

Number of parental dependants (refer to parental dependant definition above) under 23: \_\_\_\_\_

For the number of parental dependants above, how many are also in post-secondary or adult basic education: \_\_\_\_\_

## DECLARATION BY PARENTS OR GUARDIANS

I declare that all the information and documents that I have provided will provide, in and with this application and each subsequent application for which financial assistance is requested by my applicant dependent, are or will be to the best of my knowledge, complete and accurate. I am aware that to knowingly provide false information to induce the Province of Saskatchewan to grant financial assistance is an offence under the *Criminal Code of Canada*.

### RELEASE OF INFORMATION:

I/we hereby:

- (1) authorize the disclosure and release by any person, individual, corporation, organization, government or government agency (collectively "any third party") of any of my/our information or documents or of my/our applicant dependent, including personal information and personal health information (collectively "information") to the Ministers of the Economy and Advanced Education for Saskatchewan ("the Ministers") or the Ministers' agents or assigns; and
- (2) consent to the Ministers releasing information to any third party; for any purpose respecting the administration by the Ministers or the Ministers' agents and assigns of financial assistance available to my/our applicant dependent and for any purpose relating to the collection of amounts that my/our applicant dependent may owe to the Ministers pursuant to the *Training Allowance Regulations*.
- (3) Understand and consent to my/our personal information (as defined in the *Freedom of Information and Protection of Privacy Act*) being stored in the Government of Saskatchewan Student Financial System and used to administer other financial assistance programs or benefits for which my/our applicant dependent may be eligible.

Signature of Parent 1

Day	Month	Year

Date Signed

Signature of Parent 2

Day	Month	Year

Date Signed

### Helpful Tips

Signature of both parents (if two-parent family) must appear in ink. Applications not signed or dated will be returned causing delays in processing.

## CANADA REVENUE AGENCY RELEASE

I/we hereby consent to the release, by the Canada Revenue Agency to an official of the Saskatchewan Ministry of the Economy and the Ministry of Advanced Education, of information from my/our income tax returns and, if applicable, other required taxpayer information about me/us, whether supplied to me/us or by a third party. The information will be relevant to and used solely for the purpose of determining and verifying my/our applicant dependent's eligibility entitlement for the general administration and enforcement of Financial Assistance under the *Government Organization Act* and the *Training Allowance Regulations* of Saskatchewan, and will not be disclosed to any other person or organization without my/our approval.

This authorization is valid for the:

- a) taxation year prior to the year of signature; and
- b) the current taxation year; and
- c) each subsequent consecutive taxation year for which assistance is requested by my/our applicant dependent.

Signature of Parent 1

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Social Insurance Number

Day	Month	Year

Date Signed

Signature of Parent 2

--	--	--	--	--	--	--	--	--	--

Social Insurance Number

Day	Month	Year

Date Signed

Signature of both parents (if two-parent family) along with SIN number must appear in ink. Applications not signed, dated or missing SIN number will be returned causing delays in processing.

# SECTION 3 - Spouse of Married/Common-Law Applicant

The information below pertains to the following applicant file:

Applicant SIN	Applicant Legal Last Name	Applicant Legal First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

For file reference purposes, provide the name and Social Insurance Number of the applicant.

## SPOUSAL DEMOGRAPHIC

### 2018

Social Insurance Number (SIN) <input type="text"/>	<input type="checkbox"/> No SIN	Date of Birth Day Month Year <input type="text"/>
Sask. Health Services Number (HSN) <input type="text"/>	<input type="checkbox"/> No HSN	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Legal Last Name <input type="text"/>	Legal First Name <input type="text"/>	Legal Middle Name <input type="text"/>
Date Graduated or Last Date Attended High School:		Day Month Year <input type="text"/>
<input type="checkbox"/> Check (✓) the box if your permanent address and home telephone number are the same as the applicant's.		
Apt # Street/Box No. <input type="text"/>		
City/Town <input type="text"/>	Province <input type="text"/>	Country <input type="text"/>
Postal Code <input type="text"/>	Area Code and Home Telephone <input type="text"/>	

### Helpful Tips

If you do not have a valid Social Insurance Number (SIN) or Saskatchewan Health Services Number (HSN), check the appropriate box.

### Study Period Information

Check the appropriate box to indicate what you will be doing while your spouse is in school.

- |                                             |                                                     |
|---------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Employed Full-time | <input type="checkbox"/> Self-employed Employed     |
| <input type="checkbox"/> Part-time          | <input type="checkbox"/> Attending High School      |
| <input type="checkbox"/> Unemployed         | <input type="checkbox"/> Attending training program |

Full-time employment is 28.8 hours per week. Part-time is anything less than that.

- Check (✓) the box if you will be a full-time student during 2018/2019 and you are applying for student loans.
- Check (✓) the box if you will be a full-time student during 2018/2019 and you are applying for Provincial Training Allowance.

If you checked either of the boxes above, please indicate the dates you will be attending school:

Day Month Year <input type="text"/>	Day Month Year <input type="text"/>
Start Date	End Date

If you are attending full-time studies and applying for student loans or PTA, remember to check the appropriate box and indicate the program start and end dates.

# SPOUSAL INCOME

Check the box if you will not have any income while your spouse is in school.

Enter the **gross monthly** income before deductions you expect to receive while your spouse is in school.

	Gross Monthly Income
Full-time Employment .....	\$ .....00
Part-time Employment .....	\$ .....00
Self-Employment (Gross Income minus Operating Expenses) .....	\$ .....00
Income from Rental Property (rent from tenant) .....	\$ .....00
Employment Insurance (EI) Benefits .....	\$ .....00
Resettlement Assistance/Immigration Funding .....	\$ .....00
Survivor/Old Age/Retirement/Disability Benefits .....	\$ .....00
Workers' Compensation .....	\$ .....00
Alimony Support .....	\$ .....00
Child Support .....	\$ .....00
Investment Interest/Dividend .....	\$ .....00
Orphan's/Disabled Contributor's Child Benefit .....	\$ .....00
Aboriginal Affairs and Northern Development Funding .....	\$ .....00
First Nations Funding .....	\$ .....00
Other Educational Funding. Specify: _____	\$ .....00
Other Income. Specify: _____	\$ .....00

## Helpful Tips

List your income during your spouse's program. If you have no income to claim during this period, remember to check the appropriate box.

Remember to include your financial assets in the Applicant Assets section.

See Page 13 of the Instructions Guide for items that are **not** to be reported as income.

Declare foster care/ sufficient interest income as "other income."

## Study Period Employer Information

Name of Employer 1		Street Address	
<input type="text"/>		<input type="text"/>	
City/Town	Province	Area Code and Telephone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Name of Employer 2		Street Address	
<input type="text"/>		<input type="text"/>	
City/Town	Province	Area Code and Telephone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

List your employer information. If you need more space, attach a separate sheet.

## DECLARATION BY SPOUSE

I declare that all the information and documents that I have provided and will provide, in and with this application and each subsequent application for which financial assistance is requested by my spouse, are or will be to the best of my knowledge, complete and accurate. I am aware that to knowingly provide false information to induce the Province of Saskatchewan to grant financial assistance is an offence under the *Criminal Code of Canada*.

### Release of Information:

I hereby:

- (1) authorize the disclosure and release by any person, individual, corporation, organization, government or government agency (collectively "any third party") of any of my information or documents, including personal information and personal health information (collectively "information") to the Ministers of the Economy and Advanced Education for Saskatchewan ("the Ministers") or the Ministers' agents or assigns; and
- (2) consent to the Ministers releasing information to any third party; for any purpose respecting the administration by the Ministers or the Ministers' agents and assigns of financial assistance available to my spouse or that may be available to my spouse and for any purpose relating to the collection of amounts that my spouse may owe to the Ministers pursuant to *The Training Allowance Regulations*.
- (3) Understand and consent to my personal information (as defined in the *Freedom of Information and Protection of Privacy Act*) being stored in the Government of Saskatchewan Student Financial system and used to administer other financial assistance programs or benefits for which my spouse may be eligible.

Day	Month	Year
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Signature of Spouse

Date Signed

### Helpful Tips

Signature must appear in ink. Applications not signed or dated will be returned causing delays in processing.

## CANADA REVENUE AGENCY RELEASE

I hereby consent to the release, by the Canada Revenue Agency to an official of the Saskatchewan Ministry of the Economy and the Ministry of Advanced Education of information from my income tax returns, and if applicable, other required taxpayer information about me, whether supplied by me or by a third party. The information will be relevant to, and used solely for the purpose of determining and verifying my spouse's eligibility entitlement for the general administration and enforcement of financial assistance under the *Government Organization Act* and *The Training Allowance Regulations* of Saskatchewan, and will not be disclosed to any other person or organization without my approval.

This authorization is valid for the:

- a) taxation year prior to the year of signature; and
- b) the current taxation year; and
- c) each subsequent consecutive taxation year for which assistance is requested by my spouse or on my spouse's behalf.

Day	Month	Year
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Signature of Spouse

Social Insurance Number

Date Signed

Signature must appear in ink. Applications not signed, dated or missing SIN number will be returned causing delays in processing.