



Lambton Kent
District School Board

CHATHAM-KENT PUBLIC EDUCATION STUDENT ASSISTANCE FOUNDATION

APPLICATION FOR LOAN

- ❖ The student must have attended a public secondary school under the jurisdiction of the former Kent County Board of Education.
- ❖ The applicant is required to first make application to the *Ontario Student Assistance Program*. Don't wait until you are accepted by an institution before applying for financial assistance. You can apply as soon as O.S.A.P. applications are available.
- ❖ Complete the attached application to the Student Assistance Foundation in full detail.
- ❖ Attach a copy of the O.S.A.P. Statement, when received, to the application whether or not funds have been made available to you.
- ❖ Mail or bring the Principal of the public secondary school last attended within the Municipality of Chatham-Kent, the completed application form with a copy of the O.S.A.P. Statement attached.
- ❖ The principal will sign and forward the application form to the Chatham Regional Education Centre.
- ❖ The application will be processed **ONLY** if all the above steps have been taken.
- ❖ Loans approved by the Student Assistance Foundation Committee are processed immediately upon request by the student to:

*Mrs. J. Doyle – Administrator
Chatham-Kent Public Education Student Assistance Foundation
Lambton Kent District School Board
Chatham Regional Education Centre
P.O. Box 1000
Chatham, ON N7M 5L7
519-354-3775, ext. 31201*

NOTE: Please refer to the *Ontario Student Assistance Program Information Booklet* made available in your Student Services Department.

CHATHAM-KENT PUBLIC EDUCATION STUDENT ASSISTANCE FOUNDATION

APPLICATION FORM

Date: _____
year month day

Please check **ONE** box only

Study Period Applied For:

FALL WINTER INTERSESSION/SUMMER

PERSONAL DATA

| | | | | |
|-------------------------|----------------|---|--------------|----------------|
| LAST NAME: | | GIVEN NAME: | | MIDDLE INITIAL |
| Permanent Home Address: | | Address While Attending School: | | |
| Postal Code | | Postal Code | | |
| Home Phone & Area Code: | | Phone & Area Code While Attending School: | | |
| Birth Date: | Marital Status | Sex | Citizenship: | |

EDUCATIONAL DATA

| | | |
|---|---------------|---|
| Last Secondary School attended: | | Leaving Date |
| Name of Educational Institution Enrolled in: | | |
| Name of Course: | Course Length | Presently Enrolled in: 1 st year 2 nd year 3 rd year 4 th year |
| What percentage of a full course load are you taking? | | |

Please indicate the costs applicable **only to the term for which you are applying.**

| | | |
|-----------------------|--|--|
| COST PER TERM: | NOT LIVING AT HOME <input type="checkbox"/> | LIVING AT HOME <input type="checkbox"/> |
| TUITION _____ | RESIDENCE _____ | FOOD _____ |
| BOOKS _____ | FOOD _____ | TRANSPORTATION _____ |
| OTHER _____ | UTILITIES _____ | BOARD _____ |
| _____ | TRANSPORTATION _____ | OTHER _____ |
| _____ | RENT _____ | _____ |
| _____ | OTHER _____ | _____ |
| _____ | _____ | TOTAL EXPENSES PER TERM: _____ |

EMPLOYMENT AND FINANCIAL DATA

1. If you are continuing with post-secondary education with no interruptions to your educational program excluding summer vacation, please complete the following:

| | | | |
|---|----------|-------------|--------------------------|
| A) Place of employment during summer | How Long | Rate of Pay | Estimated Gross Earnings |
| B) Place of part time employment while attending school | How Long | Rate of Pay | Estimated Gross Earnings |

2. If you are returning to school after a break in your education, please complete the following:

| | | | |
|------------------------|----------|-------------|----------------|
| A) Place of employment | How Long | Rate of Pay | Gross Earnings |
|------------------------|----------|-------------|----------------|

3. Other income: e.g. Social Assistance, Pension, Government Income, Benefits, Bursaries or Scholarships.

| | |
|-------------------|--------|
| A) Type of Income | Amount |
| | |

4. Have you received or are you expecting to receive a loan from the Ontario Student Assistance Plan?

YES ___ NO ___

If yes, AMOUNT _____

5. Support from non-custodial parent or other relative?

If yes, AMOUNT _____

PLEASE COMPLETE THE APPROPRIATE SECTION IF APPLICABLE TO YOUR SITUATION (QUESTION 6 OR 7)

6. Information about Applicant's Parents / Step-Parents / Guardians

A) List all dependent children during study period applied for, including applicant.

| Dependent's Name(s) | Age | School Presently Attending |
|---------------------|-----|----------------------------|
| | | |
| | | |
| | | |

B) Employment status of father in previous year: EMPLOYED _____ OTHER _____

C) Employment status of mother in previous year: EMPLOYED _____ OTHER _____

D) Did either of your parents file an income tax return in the last 12 months? YES NO

E) Gross income of parents in the last 12 months

| | | |
|---------------------|----------|--------------|
| Father's Occupation | Employer | Gross Income |
| Mother's Occupation | Employer | Gross Income |

DECLARATION OF PARENTS / STEP-PARENTS / GUARDIANS

I/we declare that all information contained in section 6 is true and complete in all respects.

_____ Date

_____ Signature of Parent / Step-Parent / Guardian

_____ Signature of Parent / Step-Parent / Guardian

EMPLOYMENT AND FINANCIAL DATA

7. Information about Applicant's Spouse / Dependents

| | | | | |
|-----------------------------|---------------------------|------------------------------|-------|--------|
| A) Date of Marriage (Y/M/D) | B) No. Dependent Children | C) Full Name of Spouse: Last | Given | Middle |
|-----------------------------|---------------------------|------------------------------|-------|--------|

D) Employment status of spouse in previous year: EMPLOYED _____ OTHER _____

E) Did your spouse file an income tax return in the last 12 months? YES NO

F) Gross income of spouse in the last 12 months:

| <i>Spouse's Occupation</i> | <i>Employer</i> | <i>Gross income</i> |
|----------------------------|-----------------|---------------------|
| | | |

DECLARATION OF SPOUSE

I declare that all information contained in Section 7 is true and complete in all respects.

_____ Date

_____ Signature of Spouse

PERSONAL ASSETS & LIABILITIES DATA

1. Do you own real estate? YES NO If yes, give details

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| |
| |
| |

2. Do you have any investments? YES NO If yes, give details.

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| |
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3. Please list cash on hand, bank accounts, etc.

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| |
| |
| |

4. Do you have any outstanding loans or debts? YES NO If yes, give details.

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| |
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| |

5. Do you have other unusual major expenses? Give details.

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| |

BRIEFLY EXPLAIN WHY YOU FEEL YOU SHOULD RECEIVE THIS LOAN

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Signature of Principal

The Principal of the last public secondary school attended must sign this application.

DECLARATION OF APPLICANT:

I declare that the information contained in this application is true and complete in all respects.

Signature of Applicant

Date

PLEASE ATTACH A COPY of the O.S.A.P. Statement to the application, when received, whether or not funds have been made available to you.

PLEASE SUBMIT APPLICATION TO:

Mrs. J. Doyle – Administrator
Chatham-Kent Public Education Student Assistance Foundation
Lambton Kent District School Board
Chatham Regional Education Centre
P.O. Box 1000
Chatham, ON N7M 5L7
519-354-3775, ext. 31201 Fax: 519-354-0662

| RECOMMENDATION OF THE DIRECTOR OF EDUCATION | |
|---|-----------------------|
| Amount of Loan: | Date: |
| Amount of Grant: | Signature of Director |
| Date Approved by Student Assistance Foundation Committee: | |
| Student Assistance Cheque Number: | Date of Cheque: |

Personal information contained on this form is collected under the authority of the Education Act, Articles of Association and Last Wills and Testaments (Bequests). Questions about the collection of this information should be directed to J. Doyle.