

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. Enrolled* 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 January 2001; **and**
 - b. Currently resides or has previously resided in Saskatchewan for six consecutive months.

*The applicant must be enrolled 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: _____

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

