

Saskatchewan Student Grant for Part-Time Studies and/or Saskatchewan Advantage Scholarship

Confirmation of Enrolment

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

For Office Use Only
File No. <input style="width: 150px; height: 20px;" type="text"/>

IMPORTANT!

This completed form confirms enrolment for the **Saskatchewan Student Grant for Part-Time Studies and/or the Saskatchewan Advantage Scholarship**. The regular process must continue to be followed to confirm enrolment for **student loan purposes**.

Return this completed document directly to:

Ministry of Advanced Education, 1120 - 2010 12th Avenue, Regina SK S4P 0M3 Fax: 306-787-1608

Student Information - to be completed by student

Student's Post-Secondary Education No.: _____ Student's Full Name: _____

Student's Mailing Address Is this a change in your mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No Telephone No.: _____	Name and Address of Specified Education Institution Telephone No.: _____
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Confirmation of Enrolment - to be completed by Educational Institution

This is to confirm that the above-named student is enrolled as a full-time or part-time student as defined by *The Canada Student Loans Act* and *The Canada Student Financial Assistance Act* at this institution in an approved course of studies for the period of study indicated below. Not to be signed more than 30 days prior to course start date. To be signed only by school official with signing authority for student loan purposes.

CONFIRMATION CANNOT EXCEED 52 WEEKS OF STUDY

Period of Study Start Date (dd/mmm/yyyy): _____ Percentage of full course load: _____ %

Period of Study End Date (dd/mmm/yyyy): _____

Name of Official Title

X _____
Signature of Official Date Valid for 30 days after this date but not beyond Period of Study End Date

Declaration - to be completed by student

I certify that all information on this document is correct as of the effective date below.

X _____
Signature of Student Date

Saskatchewan Student Grant for Part-Time Studies and/or Saskatchewan Advantage Scholarship Direct Deposit Form

Check one only

To Start Direct Deposit To Change Information on Direct

Full Name _____

Mailing Address _____ Postal Code _____

Email Address _____

1. Sign this form authorizing payment by direct deposit to your account.

I hereby authorize direct deposit to the account designated below. I understand that the information provided herein will be used by the Government of Saskatchewan for the purposes of payment processing and accordingly is available to all ministries of the Government of Saskatchewan for such purposes. Further, I understand that this agreement may be cancelled at any time by myself or the Government of Saskatchewan by written notice.

Signer's Name _____ Title _____
(please print) (please print)

Authorizing Signature _____ Telephone Number _____

2. Please do A or B: (A is preferable, unless we are paying to a non-chequing account)

A) Attach a current blank company cheque or photocopy marked "Void". The payee's name and address should be pre-printed on the cheque.

Or

B) Have an official from your financial institution provide the following information regarding your current account.

Branch	Institution	Account Number																											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>						<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>																			

Name and Address of Financial Institution

Financial Institution Official's Signature and Stamp

Please fax to Student Services at (306) 787-1608

For Office Use Only	Supplier Site Name _____
	Date Received in Finance _____ Received by _____
	Date Entered on MIDAS _____ Entered by _____

Saskatchewan Advantage Scholarship

The Saskatchewan Advantage Scholarship provides Saskatchewan grade 12 graduates (including ABE and GED), \$500 per year to a lifetime maximum of \$2,000 over 10 years provided the graduate:

- Graduated from grade 12 in Saskatchewan (including ABE and GED®) on or after January 1, 2012;
- Is enrolled at a Saskatchewan post-secondary institution in a program that is recognized for Canada-Saskatchewan student loans (certificate, diploma, and degree programs).
- Has demonstrated financial need.

With the exception of both Lakeland College campuses and specific specialized health programs, programs at post-secondary institutions outside of Saskatchewan are not eligible.

By completing this form, you are providing the Government of Saskatchewan with the information needed to verify your eligibility for the scholarship.

Student Name : _____

PSE # : _____

File #: _____

Please complete the following questions:

Last time you attended School Full-Time:

- Was in Elementary
- Was in High School

Please provide the date, name and location of the school you attended Full-Time

Date: _____

Name of School: _____

Location of School (City/Province): _____

Did you receive your High School Diploma during this Full-Time period ? Yes No

If you received your High School Diploma, was this school in Saskatchewan ? Yes No

If you did not receive your High School Diploma, did you return to school and receive either your Grade 12 diploma, your Adult 12 through Adult Basic Education or your GED from Saskatchewan ?

Yes No

Date Completed: _____

I declare that I have answered all questions on this application and are to the best of my information and belief, true in every respect.

I consent and authorize the Government of Saskatchewan to collect, use, and disclose any information or documents including any personal information (as defined in *The Freedom of Information and Protection of Privacy Act*) for a purposes respecting the administration of the Saskatchewan Advantage Scholarship.

I 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's Saskatchewan Advantage Scholarship and accounts payable systems.

X _____
Signature of Student

Date