

**STUDENT AWARDS & FINANCIAL ASSISTANCE OFFICE
ABESAP APPLICATION AND FEE DEFERRAL FORM**

Please print clearly in ink

NAME		PROGRAM	
STUDENT #	SIN #	PHONE #	EMAIL

REGULATIONS:

1. Kwantlen Polytechnic University reserves the right to void the registration of a student who owes the college any money. A void registration does not cancel the debt.
2. Students who owe Kwantlen Polytechnic University money for any reason are subject to the following actions until the amount owing is paid:
 - a) Students may not graduate; b) Transcripts of marks will be withheld
3. Students who have submitted ABESAP applications will be responsible to pay the registration deposit and other applicable fees if their request for funding is denied. Since courses are not automatically dropped for non-payment, it is the student's responsibility to drop their courses by posted deadlines.

STUDENT'S DECLARATION:

1. I understand that if I am not approved for ABESAP funding it is my responsibility to pay my registration deposit and all applicable fees.
2. I agree to notify the Student Awards & Financial Assistance Office of any course additions or changes.
3. I agree to notify the Student Awards & Financial Assistance Office if I stop attending any courses funded by ABESAP.
4. I agree to notify the Student Awards & Financial Assistance Office of any changes in my financial situation.
5. I understand that continued ABESAP funding is dependent upon successful completion of courses previously funded by ABESAP. If I do not successfully complete my previous semester's courses, I agree to pay my tuition fees by the applicable date or be de-registered.

PROMISSORY NOTE

I, the undersigned, have read and understand the above Regulations and agree to comply with them. I realize that by requesting the "ABESAP FEE DEFERRAL" and signing this form I will not have my registration cancelled for non-payment and will be responsible for payment of my fees should the funding be denied or that it does not cover the full amount of tuition and fees owing. I agree to repay my indebtedness and acknowledge that I am responsible for full payment of registration fees upon receipt of my funding, as indicated above, or by the additional Fee Payment due date or I will be subject to late fees. I agree to the collection and exchange of this information between Student Awards and Financial Assistance and other Kwantlen departments as required.

Signature of Student

Date

**ALL STUDENTS MUST COMPLETE THE ENTIRE PACKAGE BEFORE SUBMITTING TO THE
STUDENT AWARDS AND FINANCIAL ASSISTANCE OFFICE**

1. Complete the ABESAP Application in ink.
2. Within 10 working days you will receive notification as to the status of your ABESAP application.

Office Use Only:

Program _____ Credits _____
 Application Check _____ Entered SYAAPPL _____ Entered Deferral (NPAY/RGDP) _____ Initial _____
 Letter Sent _____ (date) _____ Initial _____

Approved _____ Pending _____ Denied _____ Status entered on SYAAPPL: _____

ABESAP Fees Owing _____ Term Code _____ ABESAP Payment Made _____

SAFA Advisor Signature: _____



Application for Adult Basic Education Student Assistance Program

INSTITUTION STAMP

How to complete the application: You must submit your completed application to the financial aid office at your school. The financial aid officer will determine your eligibility based on the policy set out by the ministry.

SECTION A: Personal Information

APPLICATION MUST BE COMPLETED IN INK

01 Last Name

08 Social Insurance Number

 - -

02 First Name & Middle Initial

09 Student Number (If known)

All mail will be sent to this address. If you move, tell your school's Financial Aid Office.

03 Address

10 Date of Birth

Year	Month	Day
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

04 City or Town

05 Province

11 Gender

 Male Female

06 Postal Code

07 Telephone Number

 - -

12 Status (Mark one box only)

<input type="checkbox"/> Single	<input type="checkbox"/> Single parent	<input type="checkbox"/> Married
<input type="checkbox"/> Common law	<input type="checkbox"/> Separated/Divorced/Widowed	

13 Are you a Canadian citizen? YES NO

14 Are you a landed immigrant (permanent resident)? YES NO
If yes, you must show your IMM1000 or permanent resident card to the financial aid office. If you are mailing your application form submit a copy of your IMM1000 or permanent resident card.

14A If no, have you applied for landed immigrant (permanent resident) status? If yes, documentation must be provided, and you must be a landed immigrant as of the first day of classes to receive assistance YES NO

15 Are you a protected person? YES NO
If yes, you must show your protected person status document and social insurance number showing an expiry date to the financial aid office. If you are mailing your application form, submit a copy of your protected person status document and social insurance number showing an expiry date.

16 Are you, or were you at the time of your 19th birthday, a youth in continuing care of the director (ward of the court – the government is/was your legal guardian)? YES NO

17 Number of dependants Age 0-6 7-18 or None
Please write the number of children you have in each age group or check that you have none

18 Have you applied to your school for admission for the semester you are requesting funding? YES NO

Instructions for Students

The adult basic education student assistance program is provincially funded and designed to provide direct educational costs for students enrolled in developmental programs, such as adult basic education, English as a second language and adult special education.

The adult basic education student assistance program is intended for, but not limited to, students who have left the high school (secondary) system without graduating. This program is for students attending B.C. public post-secondary institutions only, and eligibility is based on financial need. To be considered to have financial need, your income must meet or be below a gross income level. This income level is depends on the size of your family.

Please contact the financial aid office at the institution you plan on attending for more information.

How to complete the application (print clearly & complete in ink)

Section A: Personal Information	
Questions 1 to 7 & 10	We need this information to identify you and to contact you if we have questions. Your identity may be verified through Human Resources and Social Development Canada before your application is processed.
Question 8	You must have a valid social insurance number. Students with social insurance numbers beginning with 0, 3, 8 are not eligible for assistance through this program. Students with social insurance numbers starting with 9 are only eligible if they can provide documentation that they are a protected person.
Questions 13 to 15	If you are a landed immigrant (permanent resident), you must attach a copy of the appropriate legal documentation (IMM1000 or a copy of your permanent resident card). If you are currently applying for permanent resident status, you may apply to this program, but you must be a permanent resident as of your first day of classes to receive assistance. (You must provide proof that you have applied for permanent resident status along with this application, and you must provide proof of permanent resident status before receiving funding). If you are a protected person, you must attach a copy of the appropriate legal documentation.
Question 16	Indicate if you are a youth in continuing care/custody of the director or were on your 19 th birthday.
Question 17	Eligible dependants are any dependants for whom the Canada Child tax benefit is claimed or for whom a benefit is claimed on your income tax return.
Question 18	Indicate if you have applied for admission to your school for the semester you are requesting funding.
Section B: Income and Assets: <i>Please Note: Verification of gross income, savings, investments or assets indicated on this application may be requested by the financial aid office.</i>	
Question 19	Family gross income: Enter the gross income earned/received from 12- month period ending with the last month of study for which funding is requested on this application (include the income from your spouse if married or common-law).
Question 20	Indicate if you (and your spouse if married or common-law) have any savings. If yes, indicate how much. Indicate if you (and your spouse if married or common-law) own RRSPs. If yes, indicate how much they are worth (amount of RRSP less amount owing on RRSP loan). Indicate if you (and your spouse if married or common-law) own GICs, term deposits, stocks, bonds, mutual funds etc. If yes, indicate their net worth (amount of investment less amount owing on investment loan). Indicate the net value of your share of any other assets (market value of assets less amount owing on assets).
Section C: Exceptional Expenses	
Questions 21 & 22	Indicate total amount of unsubsidized child care and transportation cost for your period of study
Section D: Program Information	
Questions 23 & 24	Indicate the school and campus where you will be attending this period of study. Indicate the type of course(s) you will be taking, the course dates and whether you will be studying full or part-time.
Section E & F: Declaration and Canada Revenue Agency consent form <i>Read the declaration carefully. If you do not understand it, ask for assistance at your financial aid office.</i>	
	Sign and date the Declaration and Canada Customs and Revenue consent form in ink.

Section E – Declaration Important Document – Read, Sign and Date

I hereby declare that the information I have provided in this application form is, to the best of my knowledge, correct and complete. I acknowledge that this information may be used to determine my eligibility for a needs-based grant from the adult basic education student assistance program.

I - I understand that:

1. It is against the law to make false or misleading statements on this application or all documents related to it.
2. It is my responsibility to make sure the information on this application and all the documents related to it, are accurate.
3. **All information is subject to audit and verification.**
4. If I do not provide complete, accurate information or if I obtain or attempt to access financial assistance by fraudulent means, I may be denied assistance from the adult basic education student assistance program now or in the future.
5. If I receive money and then it is discovered that my application, or documents forming a part of it, are not accurate, I will be required to repay all or part of the money. I will be required to do this whether the institution, StudentAid BC or I made the mistake.

II - I understand that by signing below it means:

1. I have answered all questions on the application that pertain to me.
2. I certify that all the information is complete and accurate.
3. I meet all of the eligibility requirements for this program, as set out in this application form.
4. for the purpose of verifying and/or investigating information pertaining to this application and related documents, and for the purpose of determining whether I will be required to repay any grant I may receive, I consent to the exchange of information between the Ministry of Advanced Education and Labour Market Development (or person designated by the ministry) and the following agencies: Canada Revenue Agency, Ministry of Health Services, Ministry of Children and Family Development, financial institutions, Human Resources and Social Development Canada, Ministry of Finance and Ministry responsible for the Olympics, Ministry of Small Business and Revenue, Crown corporations, city departments, and federal and provincial departments/agencies.

COLLECTION AND USE OF PERSONAL INFORMATION

The information included in this form and authorized above is collected under the authority of StudentAid BC. The information provided will be used to determine eligibility for a benefit under the adult basic education student assistance program. If you have any questions about the collection and use of this information, contact the Administrator, Special Programs, StudentAid BC, Ministry of Advanced Education and Labour Market Development, PO Box 9173, Stn Prov Govt, Victoria BC V8W 9H7, telephone: 250 387-6100, 604 660-2610 (in the B.C. Lower Mainland), or 1-800-561-1818 (toll free in Canada/the U.S.). TTY line for the deaf or hearing impaired 250 952-6832.

SIGNATURE OF STUDENT (in ink)	PRINT NAME	DATE SIGNED
		YEAR MONTH DAY <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>

Section F – Canada Revenue Agency Consent Form Important Document – Read, Sign and Date

For the purpose of verifying the data provided in this application for the adult basic education student assistance program, I hereby consent to the release, by the Canada Revenue Agency, to the Ministry of Advanced Education and Labour Market Development (or a person delegated by the ministry), of taxpayer information from any portion of my 2004, 2005, 2006 and 2007 income tax returns that pertains to information given by me on this application. The information will be used solely for the purpose of verifying information on this application form and for the general administration and enforcement of the adult basic education student assistance program.

SIGNATURE OF STUDENT (in ink)	PRINT NAME	DATE SIGNED
		YEAR MONTH DAY <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>

SECTION G: OFFICE USE ONLY

FAO Comments	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	ABESAP AWARD RECOMMENDED	
		Tuition	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
	Fees	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
	Books	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
	Supplies	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
	Transportation	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
	Unsubsidized Child Care	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
			Total Award

Signature of School Official

Name and Position of School Official (Please Print)

Date