STUDENT DECLARATION/CONSENT TO DISCLOSE INFORMATION

FOR YUKON STUDENT FINANCIAL ASSISTANCE APPLICATIONS

You must sign this page in order for this application form to be considered complete. Read before signing at the bottom of this page.

Would you like a friend, parent, spouse or other person to communicate with our office on your behalf regarding your funding?

Print name(s) 1. _____

AND/OR

2. _____

By signing below, I authorize Student Financial Assistance officers and the person(s) listed above to discuss my personal/financial information as it relates to this application.

This information is being collected under the authority of the *Yukon Student Financial Assistance Act*, the *Occupational Training Act* and respective regulations, for the purpose of administering territorial student funding programs and scholarships. This may include determining eligibility, establishing related databases and disclosing information to sponsoring agencies. For further information please contact the Student Financial Assistance office at (867) 667-5929 or visit our office at the Education Building, 1000 Lewes Blvd., Whitehorse, Yukon.

1. I hereby consent to Employment and Social Development Canada and Social Assistance disclosing and collecting my personal information to and from the Student Financial Assistance Unit. This may include information relating to my Employment Insurance claim, employment issues and/or training-related income support, which will be used to verify my eligibility for Yukon Student Training Allowance.

2. I hereby authorize Student Financial Assistance, the Student Financial Assistance Committee, educational institutions and applicable sponsoring agencies to disclose and collect my personal/financial information as needed to process and audit this application.

3. I confirm that I will not be eligible, have not been eligible, and do not reasonably expect to be eligible to apply for Student Financial Assistance from the government of a jurisdiction outside Yukon, including a loan or a loan guarantee for any portion of the academic term indicated in this application form. I understand and agree that in order to be eligible for Yukon Grant or Student Training Allowance, I must be considered a full-time student for the entire period for which I receive funding, and that it is my responsibility to ensure that I am considered a full-time student for that period. I further understand and agree that if I cease to be a full-time student for any reason, I may be required to repay any or all Yukon Grant or Student Training Allowance funding that I have received as a result of this application.

4. I understand and agree that if I receive Yukon Grant or Student Training Allowance funding for online or distance education courses and I arrange for extensions for any of my online or distance educations courses, I may no longer be considered a full-time student for Yukon Grant or Student Training Allowance purposes, and may be required to repay any or all Yukon Grant or Student Training Allowance funding that I have received as a result of this application.

5. ☐ **Yes** By checking this box, I consent to Student Financial Assistance disclosing my contact information to STEP and Grad Corps program administrators, who may contact me with information on further employment and funding opportunities. (Leave this box blank if you are not interested in receiving further information about such programs.)

I make this declaration conscientiously believing that the information in this application is true and correct, and knowing that it is of the same force and effect as if made under oath. I understand that knowingly providing false or misleading information in relation to this application constitutes an offence pursuant to the provisions of the *Criminal Code of Canada.*

_____	_____	YYYY/MM/DD
Signature of applicant	Print name	Date