

SCHEDULE A PARENT/LEGAL GUARDIAN RESIDENCY DECLARATION

FOR YUKON STUDENT FINANCIAL ASSISTANCE APPLICATIONS

Complete this form if your child ("the applicant") is applying for Yukon funding and:

- · has been out of high school for less than 4 years; and
- is a dependent student and you are the parent/guardian with whom the applicant normally resides

A dependent student:

- has never been married or common/law
- has never been a single-parent
- has never been in the labour force for two periods of 12 consecutive months

Applicant's (student's) name:		
Parent/guardian last name:		rst name:
City:		ory:
Postal code:		•
	ant?	
	st maintain a family home for 12 consecu	
starting his/her classes this year? Prov	vince/territory:	
that it is of the same force and effect a information in relation to this form confunderstand that providing false inform	y believing that the information I have provas if made under oath. I understand knowi stitutes an offence pursuant to the provisi nation on this form may result in an overp be required to repay any or all Yukon fund	ngly providing false or misleading ons of the Criminal Code of Canada. ayment of Yukon funding to the
		YYYY/MM/DD
Signature of parent/guardian	Print name	 Date

For more information, visit www.yukonstudentaid.com or email the Student Financial Assistance office at sfa@yukon.ca, or telephone 867-667-5929 or toll free in Yukon at 1-800-661-4008 ext 5929.

Collection and use of information: We are collecting your personal information for use only by the Student Financial Assistance Unit and, in case of an appeal, by the Student Financial Assistance Committee. Your information will not be disclosed to outside agencies or used for any purpose other than determining the applicant's eligibility for Yukon student funding programs in accordance with Yukon's Student Financial Assistance Act and respective regulations, policies and guidelines. The collection and use of your personal information is done under the authority of Yukon's Access to Information and Protection of Privacy (ATIPP) Act and is managed in accordance with the ATIPP Act. If you have any questions about the collection of this information, contact: ATIPP Coordinator, Department of Education 867-667-8326.

YG(6012EDU) Rev. 07/2023 Page 1 of 1