

# 2016-2017 Application for Financial Assistance

This form is also available on line www.afe.gouv.qc.ca

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Save this form to your computer then use Adobe Reader version 8 or later to fill it out. Once you have finished, print it, sign it and mail it to us.

# The boxed numbers refer to situations for which supporting documents are required (see pages 14-20 of the Guide).

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|  | ene 3 i ersonar imormatic   | ON (See guide, pages 4 and 5)  |
|--|---|--|
| A. Identification  | on  |  |
| Last name  |   | Permanent code assigned by the Ministère   |
|  |   |  |
| First name   |   | Date of birth Social Insurance Number  |
|  |   |  |
| Sex Male   | Female Language of co   | correspondence French English  |
| B. Citizenship   |   |  |
| Canadian citizen by birth  | Naturalized Canadian citizen 2  | Date on which you obtained Permanent resident citizen   M D Immigrant category code  |
|  | Permanent resident 3  | Date on which you obtained Y M D Immigrant permanent resident status   |
|  | Refugee or protected person 4   | Date on which you obtained status Y M D as a refugee or protected person   |
| C. Mailing add   | ress  | Direction  |
| No.  | Street  | (North, South, East, West  |
|  |   |  |
| Apartment Muni   | cipality  |  |
|  |   | Telephone number (home)  |
| Municipality (cont.)   |   | Province Postal code Aera code Extension   |
| Country  |   | Other telephone number   |
| Country  |   | Aera code Extension  |
| E-mail address   |   |  |
| E-mail address   | If you pr   | rovide your e-mail address, you will receive your correspondence by e-mail.  |
|  |   |  |
| ction 2 – Resid  | dence in Québec (See guide,   | page 5)  |
| The information pr   | ovided in this section will enable  | e us to determine if you are a Québec resident. Answer YES to only one of the questions  |
| below. If you answ   | •   | d three, indicate the appropriate criteria, if applicable, in the space provided at number 4.  |
| A. Québec res  1. Were you born i  | ident status in Québec?   | Yes No 4. You may be able to claim Québec resident status on the basis   |
| A. Québec res  1. Were you born in lif you answered  2. Does one of you in Québec?  5  | ident status in Québec? I YES, go directly to subsection B. ur parents (or your sponsor) reside | Yes No You may be able to claim Québec resident status on the basis of other criteria. See page 5 of the Guide. Where applicable, choose one of the criteria and enter the corresponding number in this space.   |
| A. Québec res  1. Were you born i     If you answered  2. Does one of you     in Québec? 5     If you answered  3. Do you hold a Co                    | ident status in Québec?   | Yes No  You may be able to claim Québec resident status on the basis of other criteria. See page 5 of the Guide. Where applicable, choose one of the criteria and enter the corresponding number in this space.  Yes No  If you entered criterion 10 in the space above, indicate the criterion that applies to your spouse in this space. |
| A. Québec res  1. Were you born i     If you answered  2. Does one of you     in Québec? 5     If you answered  3. Do you hold a Co                    | ident status in Québec?   | Yes No  You may be able to claim Québec resident status on the basis of other criteria. See page 5 of the Guide. Where applicable, choose one of the criteria and enter the corresponding number in this space.  Yes No  If you entered criterion 10 in the space above, indicate the criterion that applies to your spouse in this space. |
| A. Québec res  1. Were you born i If you answered  2. Does one of you in Québec? 5 If you answered  3. Do you hold a O If you answered  B. Studying ou | ident status in Québec?   | Yes No  You may be able to claim Québec resident status on the basis of other criteria. See page 5 of the Guide. Where applicable, choose one of the criteria and enter the corresponding number in this space.  Yes No  If you entered criterion 10 in the space above, indicate the criterion that applies to your spouse in this space. |

# Section 3 A – Educational Information

Regular Path College or University Program (See guide, pages 6 to 8)

You must fill out this section if you will be enrolled in a regular path college or university program, including Télé-université and Cégep@distance programs, in 2016-2017. If you will be enrolled in a secondary school vocational training program, a college continuing education program or a college intensive or accelerated program, you must fill out section 3B on page 4.

#### Part-time studies pursued prior to start of full-time studies in 2016-2017

The information provided in this subsection will enable us to determine if you are entitled to a contribution reduction with regard to part-time studies pursued prior to the start of your full-time studies.

You must fill out this subsection if you were enrolled, are enrolled or plan to enroll in a university program in **less than 12 credits** or in a college program in **less than 180 course hours** during the 4-month period preceding the start of your full-time studies in 2016-2017.

| Name of educational institution (Se  | ee Guide, pages 29 to 42.)   | Code                               | Number of course hours (college) | Number of credits (university) |
|--|--|------------------------------------|----------------------------------|--------------------------------|
|  |  |                                    | (Max. 179 h                      |                                |
| Did you, do you or will you res  | ide with your parents or spons   | sor during this period?            |                                  | Yes No                         |
|  | r plan to pursue part-time stud  | dies in more than one educationa   |                                  |                                |
| •  |  | from September 1, 2016,            | to August 31 20                  | 17)                            |
|  | led in this subsection will enab   | ole us to determine the study per  |                                  |                                |
|  |  | period (fall 2016, winter 2017 and | d summer 2017).                  |                                |
| Fall 2016  |  |                                    |                                  |                                |
| Name of program (See Guide, pag  | jes 29 to 42.)   |                                    |                                  | Code                           |
|  |  |                                    |                                  |                                |
| Name of educational institution (Se  | ee Guide, pages 29 to 42.)   |                                    |                                  | Code                           |
|  |  |                                    |                                  |                                |
| Will you reside with your parer  | nts or sponsor in the fall of 20   | 16?                                |                                  | Yes No                         |
| If you are enrolled in one of the  | e programs listed on page 7 o  | of the Guide, please specify which | h year of the program y          | ou                             |
| Indicate what you plan to be   |  |                                    |                                  |                                |
| College education  |  |                                    |                                  |                                |
| Full-time studies  | Full-time practicum (wor   | rk-study program or other)         |                                  |                                |
| University education – Unde  | rgraduate level  |                                    |                                  |                                |
| Full-time studies  | Full-time practicum (coc   | pperative program or other)        |                                  |                                |
| Indicate the number of credits   | in which you will be enrolled (  | (Québec programs only)             |                                  |                                |
| University education – Maste   | er's level   |                                    |                                  |                                |
| <ul> <li>Program with thesis</li> </ul>  |  |                                    |                                  |                                |
| Full-time studies  | Full-time practicum  | Writing of thesis                  | Deposit of the                   | sis (See Guide, page 8.)       |
| <ul> <li>Program without thesis</li> </ul>   |  |                                    |                                  |                                |
|  | - u e e  |                                    |                                  |                                |
| Full-time studies  | Full-time practicum  |                                    |                                  |                                |
|  | •  | (Québec programs only)             |                                  |                                |
| Indicate the number of credits University education – Docto                                  | in which you will be enrolled (  | (Québec programs only)             |                                  |                                |
| Indicate the number of credits   | in which you will be enrolled (  | (Québec programs only)             |                                  |                                |
| Indicate the number of credits  University education – Docto  Full-time studies              | in which you will be enrolled (  |                                    |                                  |                                |
| Indicate the number of credits  University education – Docto  Full-time studies  Winter 2017 | in which you will be enrolled ( orate level Full-time practicum                |                                    |                                  |                                |
| Indicate the number of credits University education – Docto                                  | in which you will be enrolled ( orate level Full-time practicum                |                                    |                                  | sertation (See Guide, page 8.) |
| Indicate the number of credits  University education – Docto  Full-time studies  Winter 2017 | in which you will be enrolled ( orate level Full-time practicum ges 29 to 42.) |                                    |                                  | sertation (See Guide, page 8.) |

University education - Doctorate level

Full-time practicum

Full-time studies

### Section 3 A – Educational Information Regular Path College or University Program (cont.) (See guide, pages 6 to 8) Winter 2017 (cont.) If you are enrolled in one of the programs listed on page 7 of the Guide, please specify which year of the program you will be pursuing in the winter of 2017. Indicate what you plan to be doing in the winter of 2017. Check one box only. College education Full-time studies Full-time practicum (work-study program or other) University education - Undergraduate level Full-time practicum (cooperative program or other) Indicate the number of credits in which you will be enrolled (Québec programs only)..... University education - Master's level · Program with thesis Full-time studies Full-time practicum Writing of thesis Deposit of thesis (See Guide, page 8.) • Program without thesis Full-time practicum Full-time studies Indicate the number of credits in which you will be enrolled (Québec programs only)..... University education - Doctorate level Full-time practicum Deposit of dissertation (See Guide, page 8.) Writing of dissertation Full-time studies ▶ Do you plan to pursue full-time studies in September 2017?..... ☐ Yes ☐ No **Summer 2017** Name of program (See Guide, pages 29 to 42.) Code Name of educational institution (See Guide, pages 29 to 42.) Code If you are enrolled in one of the programs listed on page 7 of the Guide, please specify which year of the program you will be pursuing in the summer of 2017..... Indicate what you plan to be doing in the summer of 2017. Check one box only. College education Full-time practicum (work-study program or other) Full-time studies University education - Undergraduate level Full-time studies Full-time practicum (cooperative program or other) Indicate the number of credits in which you will be enrolled (Québec programs only)...... University education - Master's level · Program with thesis Full-time studies Full-time practicum Writing of thesis Deposit of thesis (See Guide, page 8.) Program without thesis Full-time studies Full-time practicum Indicate the number of credits in which you will be enrolled (Québec programs only).....

Writing of dissertation

Deposit of dissertation (See Guide, page 8.)

## **Section 3 B – Educational Information**

## Secondary School Vocational Training Program or College Continuing Education Program

You must fill out this section if you will be enrolled in a secondary school vocational training program in 2016-2017. In addition, you must fill out this section if you will be enrolled in a continuing education program leading to an Attestation of College Studies (ACS) or an intensive or accelerated program leading to a Diploma of College Studies (DCS).

#### Part-time studies pursued prior to start of full-time studies in 2016-2017

The information provided in this subsection will enable us to determine if you are entitled to a contribution reduction with regard to part-time college or university studies pursued prior to the start of your full-time studies.

| Name of educational institution (See Guide, pages 29 to 42.)   | Code                        | Number of course hours (college) | Number of credits (university) |
|--|-----------------------------|----------------------------------|--------------------------------|
|  |                             | (Max. 179 l                      | n) (Max. 11 credits            |
| Did you, do you or will you reside with your parents or sponsor  | during this period?         |                                  | Yes No                         |
| If you pursued or plan to pursue part-time studies in more than full-time studies, see page 6 of the Guide.  | one educational institution | n during the 4-month perior      | d preceding the start of you   |
| Full-time studies  |                             |                                  |                                |
| The information provided in this subsection will enable us to det  | termine the study period    | during which you are study       | ing full-time in 2016-2017     |
| If you plan to change program or educational institution during t  | the 2016-2017 award yea     | r, see page 8 of the Guide.      |                                |
| You must provide the start date and end date of your program. weeks or months.   | If you do not know the pro  | ogram end date, provide th       | e duration of the program in   |
| Start date of program  |                             |                                  |                                |
| , A , M , J ,  | Duration of program         | : Du                             | ration of program              |
| End date of program or   | in weeks                    |                                  | nonths                         |
| Name of program (See Guide, pages 29 to 42.)   |                             |                                  | Code                           |
|  |                             |                                  |                                |
| Name of educational institution (See Guide, pages 29 to 42.)   |                             |                                  | Code                           |
|  |                             |                                  |                                |
| Did you or will you reside with your parents or sponsor during yo  | our full-time studies?      |                                  | Yes No                         |
| Do you plan to pursue full-time studies in September 2017?   |                             |                                  | Yes No                         |
| f you are enrolled in one of the programs listed on page 7 of the n 2016-2017  |                             |                                  |                                |
| ction 4 — Student's Situation (See guide, pages 9 to 11.   | .)                          |                                  |                                |
| A. Marital status  |                             |                                  |                                |
| The information provided in this subsection will enable us to det<br>on your marital status and whether or not you must have the <i>20</i>               | ,                           |                                  | elf-supporting student based   |
| on your mantar status and whether or not you must have the 20  |                             |                                  | of the Guide to find out       |
|  |                             | lacto spouse, see page 9         | of the duide to find out       |
| Check the box corresponding to your current marital status. If yo  | od consider yoursen a de    |                                  |                                |
| Check the box corresponding to your current marital status. If yo  | ou consider yourself a de   | De facto separ                   | ated (See Guide, page 9) 11    |
| Check the box corresponding to your current marital status. If you which box to check.   | _                           |                                  | ated (See Guide, page 9) 11    |
| Check the box corresponding to your current marital status. If you which box to check.  Single   | oouse form filled out.) 8   |                                  | _                              |
| Check the box corresponding to your current marital status. If you which box to check.  Single  Civil union spouse (Have the 2016-2017 Declaration of Sp | oouse form filled out.) 8   | Legally (judicia                 | _                              |

| ection 4 — Student's Situation (cont.)  |   |
|---|---|
| A. Marital status (cont.)  If you are married, living in a civil union or living in a de facto union with another person and are living with a child provide the following information concerning your spouse.  Last name   | (see Guide, page 9), please                       |
|   | permanent code assigned by<br>ère (if applicable) |
| D. Major functional disability  |   |
| <ul> <li>B. Major functional disability</li> <li>The information provided in this subsection will enable us to determine if you are entitled to the special measures</li> </ul>   | for students with a major                         |
| functional disability. (See Guide, page 9.)   | Tor Gladerile IIIII a major                       |
| You must check this box if you have a major functional disability recognized by a doctor. — 14  |   |
| <ul> <li>C. Self-supporting student (based on family situation)</li> <li>You must check all of the statements that apply to you. If none of the statements apply to your situation, go direct</li> </ul>  | ly to subsection D.                               |
| 1.  | ce: Y M D   |
| 2. I am single and <b>both my parents</b> are deceased. 16  | on:   |
| Mother passed away  | on:   |
| 3. I am at least 20 weeks pregnant. 17 I have been 20 weeks pregnant sin  | ce:   |
| 4. I am a single parent and have at least one dependent child living with me. 18Sin   | ce:   |
| <ul> <li>I am living with a de facto spouse (without being married or in a civil union) and at least one child (my de facto spouse's or mine).</li> <li>(Have spouse fill out the 2016-2017 Declaration of Spouse form.) 19</li> </ul>  | ce:   |
| D. Self-supporting student (based on studies)   |   |
| You must check <b>only one</b> of the statements that apply to you.   | V M D   |
| 1. I hold a bachelor's degree from a Québec university. 20  | on:   |
| 2. I hold a bachelor's degree or the equivalent from an institution outside Québec. (This generally involves a diploma requiring a minimum of three years of university study.) 1 Obtained  | on:   |
| 3.   I will be pursuing master's or doctoral studies <b>throughout the year</b> , but do not hold a bachelor's degree.  |   |
| 4. I hold a Diploma of Advanced Studies I in Music from a Québec music or drama conservatory or an attestation issued upon completion of three years of training. 22  | on:   |
| If you are single and none of the statements in subsections C and D apply to you, check one of the follow If neither of these two situations apply to you, go directly to subsection E. If you are recognized by Aide f having a major functional disability, see page 10 of the Guide. |   |
| 5. I have studied at the university level in Québec for at least three years and earned 90 credits in a single program. 23  | on:   |
| 6. 🗌 I have studied full time at the university level outside Québec for at least four years in a single program.   |   |
| OR  |   |
| I have studied full time at the university level outside Québec for at least three years in a single program while holding a Diploma of College Studies. 24Obtained   | on:   |

| ermanent code assigned by the Ministère  | 1001 (6 of 9                                    |
|--|---|
| Section 4 — Student's Situation (cont.)  |   |
| E. Self-supporting student (based on time spent in the labour market)  |   |
| If you are married, in a civil union, divorced, de facto separated or widowed, or if you are single an subsections C and D, <b>go directly to subsection F.</b>  | d have checked one of the situations in         |
| 1. I was in one of the following situations for a total of at least 24 months, without ever studying to  | full-time during that period. 25                |
| I held a paid job or received employment insurance or income replacement benefits while I sponsor or elsewhere.  | living with my parents,                         |
| $\hfill \square$ I supported myself while living somewhere other than with my parents or sponsor.  |   |
| $\hfill \square$ I was in both of the above situations (periods must have been consecutive in this case).  |   |
| 2.   |   |
| F. Exceptional family situation  |   |
| If none of the statements in subsections C, D and E apply to you, check all of the following statements in subsection G. If you are a Canadian citizen by birth, go to que                                 |   |
| 1. I am a naturalized Canadian citizen, a permanent resident, a refugee or a protected person, with Refugee Protection Act, and one of the following situations applies to me:                             | hin the meaning of the Immigration and          |
| My parents do not reside in Canada. 27   |   |
| My spouse does not reside in Canada. 27  |   |
| 2. I am single and one of the following situations applies to me:  |   |
| 2.1  I have been placed in a foster home. 28   |   |
| 2.2 My parents or my sponsor is living in a special care home. (See Guide, page 11.)   |   |
| 2.3 $\square$ I have been placed in the custody of a guardian. $28$  |   |
| 2.4 My parents or my sponsor cannot be located. 28   |   |
| 2.5 I am or will be living in a halfway house in 2016-2017. (See Guide, page 11.)  |   |
| 2.6 My family situation has deteriorated and confirmation of this situation has been provided by (See Guide, page 11.) 28  | y an authorized person.                         |
| 2.7 I receive child support payments from my parents in accordance with a court judgment.  |   |
| 3. My spouse cannot be located. 28   |   |
| G. Student with a parental contribution  |   |
| If you are single and none of the statements in subsections C, D, E and F apply to you, you will be contribution. Similarly, in subsection F.2, if you checked box 2.2, 2.5 or 2.6, you will be considered |   |
| You must therefore have the 2016-2017 Declaration of Father or sponsor form or the 2016-2017 Declaration and have the appropriate form(s) filled out.  | Declaration of Mother or sponsor form, or both, |
| <ol> <li>If your parents are living together, check this box.</li> <li>(Have your father fill out the 2016-2017 Declaration of Father or sponsor form AND your nor sponsor form.)</li> </ol>               | nother the 2016-2017 Declaration of Mother      |
| <ol><li>If your parents are divorced, legally separated or de facto separated, or if one of your parents is<br/>reside or last resided.</li></ol>  | deceased, indicate with whom you now            |
| Your mother (Have her fill out the 2016-2017 Declaration of Mother or sponsor form.)   |   |

If you are a naturalized Canadian citizen, a permanent resident, a refugee or a protected person, see page 11 of the Guide.

Your father (Have him fill out the 2016-2017 Declaration of Father or sponsor form.)

| Section 5 – Other Financial Support Programs (See Guide, page 11.)  |  |
|---|--|
| The information provided in this section will enable us to determine the study periods during which you receive under a financial support program other than the Loans and Bursaries Program.   | financial assistance                               |
| Indicate the program(s) under which you will receive assistance between July 1, 2016, and August 31, 2017.  |  |
| Social assistance or social solidarity program provided by the Ministère du Travail, de l'Emploi et de la Solidarité social or the department responsible for the equivalent program in another province  |  |
| Manpower training measure offered by Emploi-Québec for which the activities are carried out in a public college or an educational institution under the authority of a school board   | Y M D  |
| 3. Manpower training measure offered by Emploi-Québec for which the activities are carried out in a private secondary school, a private college or a university, or within the framework of a self-financed program offered in a public college.  Start date  | Y M D Y M D  |
| End date  If the statement in 5.3 applies to you, are your educational expenses paid in full by Emploi-Québec?  | Yes No   |
| Section 6 – Financial Resources in 2016 (See Guide, pages 12 and 13.)   |  |
| Section 0 — Financial Resources III 2010 (See Guide, pages 12 and 13.)  |  |
| The information provided in subsections A and B will enable us to determine your financial resources for 2016. You must provide income. Please be as accurate as possible.  | an estimate of your                                |
| A. Employment income or income considered employment income (January 1 to December 31, 2016)  | If you have no income to report, enter "0" (zero). |
| Gross employment income (including income related to an election)   | \$   |
| Income related to an election (See Guide, page 12.)   | \$   |
| Net self-employment income or net business income (within the meaning of the Taxation Act)  | \$   |
| Employment insurance benefits within the meaning of the <i>Employment Insurance Act</i> (e.g. maternity benefits, sickness benefits) from Employment and Social Development Canada (ESDC)   | \$   |
| Benefits received under the Québec Parental Insurance Plan (QPIP)   | \$   |
| Benefits from Emploi-Québec related to your participation in a manpower training measure or from the Ministère de l'Immigration, de la Diversité et de l'Inclusion for the Programme d'aide financière pour l'intégration linguistique des immigrants (PAFILI)  | \$   |
| Income replacement benefits from the Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST)  | \$   |
| Income replacement benefits from the Société de l'assurance automobile du Québec (SAAQ)   | \$   |
| Income replacement benefits received for crime victims or for persons who have performed an act of good citizenship   | \$   |
| Retirement or disability pension benefits received under the Québec Pension Plan (Retraite Québec) or the Canada Pension Plan (CPP)   | \$00   |
| Benefits received under a private or public retirement plan   | \$   |
| B. Other income (January 1 to December 31, 2016)  |  |
| Amounts you have received or will receive as an orphan's pension, pension for a disabled person's child (Retraite Québe CPP), surviving spouse's pension (Retraite Québec/CPP), death benefits in the form of pensions (through the application of a law) and pensions paid to the child of a crime victim (CNESST) | to report, enter "0" (zero).                       |
| Alimony and child support payments (See guide, page 13)   | \$   |
| Investment income (interest, dividends, capital gains) and income from a succession (do not report the principal), trust or gift  | \$   |
| Allowances from the Solicitor General of Canada or the Minister of Public Security and allowances from Aboriginal Affairs and Northern Development Canada or a band council   | \$   |
| Scholarships or bursaries, except those received under the Explore program and those awarded by Aide financière aux études (See Guide, page 13)   | \$00   |

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|---------------|
|---------------|

| ection 6 — Financial Resources in 2016 (cont.)  |
|---|
| C. Employment held prior to start of full-time studies  You must fill out this subsection if you are single and have no dependent children.  The information provided in this subsection will enable us to determine if you are entitled to a contribution reduction with regard to the job(s) you  |
| held during the 4-month period preceding the start of your full-time studies in 2016-2017.  During that 4-month period, were you, are you or will you be employed or self-employed while living somewhere other than with your parents or sponsor?  |
| workplace.  Name of employer  |
| Workplace address  No. Street  Direction (North, South, East, West)   |
| Municipality  |
| Municipality (cont.)  Province Postal code  Country   |
| ection 7 — Allowance for Training Support Materials (See Guide, page 13.)   |
| If you are eligible for the Loans and Bursaries Program, you may be entitled to a supplementary loan in the amount of \$150 per period of studies for which assistance has been granted to you during the 2016-2017 award year.  Please note that once you request this allowance, payment cannot be cancelled. If you are not sure whether you need this additional assistance, you can wait and submit the Declaration of Change form.  I hereby request the Allowance for Training Support Materials |

Form submission

## 2016-2017 Application for Financial Assistance

This form is also available online www.afe.gouv.qc.ca

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| <ol> <li>Ensure that all required fields are filled in.</li> <li>Save the form then print all pages.</li> <li>Sign this page manually.</li> <li>Place all required documents in a single envelope.</li> <li>Mail the envelope to the address shown below.</li> </ol> |      |  |
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| Section 8 - Signature (See Guide, page 13)   |      |  |
| I hereby certify that the information I have provided is accurate and complete.  | Date |  |

Program for Part-Time Studies for at least two years.

year that could impact the amount of financial assistance awarded to you.

Signature of student

Important! Under the Act Respecting Financial Assistance for Education Expenses, you are required to notify us of any changes during the

An up-to-date and accurate file can help you to avoid many problems, such as the suspension of amounts you expected to receive, the obligation to immediately reimburse assistance overpayments and disqualification from the Loans and Bursaries Program and the Loans