

E Education Assistance Payment Withdrawal

To request an Education Assistance Payment, please complete the application below. For faster processing, you can submit your request through our secure login at knowledgefirstfinancial.ca. **The deadline is November 1st.**



50 Burnhamthorpe Rd W., Suite 1000
Mississauga, Ontario L5B 4A5
Toll-free: 1 800 363-7377
Email: contact@kff.ca
Fax: 1 800 668-5007

AGREEMENT NUMBER(S):			
(Mr./Mrs./Ms) STUDENT NAME		STUDENT SIN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
ADDRESS		CITY	PROVINCE
EMAIL		HOME PHONE	

1 EDUCATION ASSISTANCE PAYMENT OPTIONS You MUST select option 1 or option 2.

OPTION 1 - APPLY FOR EDUCATION ASSISTANCE PAYMENTS
Complete sections 2 and 3 below.

Family Group Plan and Classic Plan payments are calculated by the Foundation each year and are issued in two installments: an advance upon EAP approval and the balance in December. For post-secondary education programs that end before July 1st, we will pay the full amount of the EAP in one single payment; the amount may be different than what would have been received under the two-installment method.

For Family Group Plans, you must complete the "Program End Date".
If your enrolment status changes, you must notify us immediately as it may affect your eligibility to receive EAPs.

For Family Single Student Plans, 100% of the available EAP will be paid unless a different amount is specified here: \$ _____

Please note, to comply with the Income Tax Act (ITA), Knowledge First Financial limits the amount that is paid to a student to \$5,000 for the first 13 weeks of study in a full-time program or \$2,500 for each 13 weeks of study in a part-time program.

Have you attended a post-secondary institution for a minimum of 13 consecutive weeks during the last 12 months?

Yes No

Are you a Canadian resident for tax purposes? To qualify as a Canadian resident for tax purposes, you must live at or maintain a physical residence in Canada for at least 180 days in a given calendar year.

Yes No

GET YOUR MONEY FASTER
Direct Deposit
(Canadian residents only)

- Attach a void cheque or New Direct Deposit/Pre-authorized Transaction form available at your financial institution.
 - You must be an account holder.
 - Your name must be pre-printed on the cheque.
- Use Existing Banking Information.
 - This is my authorization to use the existing banking information on file.

OPTION 2 - DELAY EDUCATION ASSISTANCE PAYMENTS TO THE FOLLOWING YEAR. Complete section 3 below.

2 VERIFICATION OF ENROLMENT - PART A

Complete Part A and attach your proof of enrolment (confirmation of enrolment or enrolment letter) **dated within six (6) months.** If you do not have proof of enrolment, the Registrar must complete Part B.

CURRENT YEAR OF STUDY: Year 1 Year 2 Year 3 Year 4 CEGEP I CEGEP II CEGEP III
Co-Op Program: Academic Term Work Term

EDUCATION INSTITUTION: _____ PROGRAM NAME: _____

PROGRAM TYPE: Degree Diploma Certificate ATTENDANCE: Full-time Part-time

PROGRAM LENGTH (YEARS) _____ ACADEMIC YEAR (WEEKS OF STUDY) _____

ACADEMIC TERM START DATE: Y|Y|Y|M|M|D|D PROGRAM END DATE: Y|Y|Y|M|M|D|D

VERIFICATION OF ENROLMENT - PART B

INSTITUTION AND REGISTRAR'S INFORMATION (ALL FIELDS **MUST** BE COMPLETED)

INSTITUTION NAME: _____	INSTITUTION SEAL/STAMP MUST BE AFFIXED HERE
NAME OF OFFICIAL: _____	
SIGNATURE: _____	
TELEPHONE: _____ DATE: Y Y Y M M D D	
COMMENTS: _____	

3 STUDENT AUTHORIZATION

Please sign and date the application.

STUDENT SIGNATURE _____	DATE Y Y Y M M D D _____
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By signing this application, I confirm the above information is correct. I provide consent to the Registrar to release my post-secondary information as requested above.

Fax the completed application to 1 800 668-5007 or mail it to Knowledge First Financial before the November 1st deadline.