



THE CANADIAN PODIATRY

EDUCATION FOUNDATION

Suite 203-2309 West 41st Ave
Vancouver, B.C. V6M 2A3

STUDENT ASSISTANCE PROGRAM

30 SCHOOL YEAR APPLYING FOR <u>MM YY</u> TO <u>MM YY</u>		CORRESPONDENCE WILL BE SENT TO THE ADDRESS IN 104-107	
1 SURNAME	102 GIVEN NAME AND INITIAL(S)	103 SOCIAL INSURANCE NO.	
14 APT. NO., STREET ADDRESS (MAILING ADDRESS)		[] [] [] [] [] [] [] [] [] []	
15 CITY	106 PROVINCE/STATE	110 NAME AND ADDRESS OF INSTITUTION APPLICANT WILL ATTEND	
7 POSTAL CODE	108 TELEPHONE		
19 IF NAME CHANGED, PREVIOUS SURNAME		111 STUDENT REGISTRATION NO. (WHERE APPLICABLE)	

NEXT OF KIN (RESIDENT IN CANADA, EXCLUDING SPOUSE & CHILDREN)			
2 SURNAME	115 APT. NO., STREET ADDRESS (MAILING ADDRESS)		
3 GIVEN NAME	116 CITY	117 PROVINCE	
4 RELATIONSHIP TO YOU	118 POSTAL CODE	119 TELEPHONE	

BACKGROUND DATA			
1 SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	202 DATE OF BIRTH YY	203 MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> OTHER (SPECIFY)	
14 CITIZENSHIP <input type="checkbox"/> CANADIAN <input type="checkbox"/> PERMANENT RESIDENT (LANDED IMMIGRANT) (Copy of Canadian Immigration Record must be enclosed)		207 CURRENT RESIDENCE OF PARENT, GUARDIAN, SPONSOR, OR ASSISTING RELATIVE PROVINCE/STATE COUNTRY RESIDED HERE SINCE: .. YY	
15 HAVE YOU BEEN A RESIDENT OF CANADA CONTINUALLY FROM BIRTH TO PRESENT?? <input type="checkbox"/> YES <input type="checkbox"/> NO. PROVIDE RESIDENCY DETAILS IN 206		208 IF ANSWER TO 207 NOT CANADA, INDICATE ANY PREVIOUS PERIODS OF CANADIAN RESIDENCE: FROM TO FROM TO FROM TO FROM TO FROM TO	
16 RESIDENCY OF APPLICANT FROM TO PROVINCE/STATE/COUNTRY .. YY .. YY		1 FROM TO 2 FROM TO .. YY .. YY .. YY .. YY	
3 FROM TO PROVINCE/STATE/COUNTRY .. YY .. YY		3 FROM TO 4 FROM TO .. YY .. YY .. YY .. YY	
4 FROM TO PROVINCE/STATE/COUNTRY .. YY .. YY		5 FROM TO 6 FROM TO .. YY .. YY .. YY .. YY	
USE SPACE PROVIDED IN 1202 IF NECESSARY		USE SPACE PROVIDED IN 1202 IF NECESSARY	

RECEIVED

RECEIVED

103 SOCIAL INSURANCE NO.

[] [] [] [] [] [] [] [] [] []

APPLICANT'S COURSE OF STUDY

301 PROGRAM IN WHICH YOU ARE/WILL BE ENROLLED IN _____ SCHOOL YEAR _____

302 EDUCATIONAL PERIOD IS THE _____ YEAR OF A PROGRAM REQUIRING A TOTAL OF _____ YEARS.

303 PERIOD OF STUDY (covered in this application)

TWO SEMESTERS/TERMS THREE QUARTERS

ONE SEMESTER FOUR QUARTERS

304 PERIOD OF STUDY DD MM YY DD MM YY

STARTS ▷ [] [] [] [] [] [] ENDS ▷ [] [] [] [] [] []

STATUS

Indicate your status as either GROUP A or GROUP B (see GUIDE, Section IIA)

401 GROUP A Includes all students not qualified as "Group B" below. N.B.: Appendix IA MUST be completed.

402 GROUP B To qualify as "Group B" you must satisfy at least one of the following criteria. Check applicable box(es):

1 married, divorced, separated, single parent widowed.

* 2 no parent or legal guardian and not financially dependent upon a sponsor (as defined below).

* 3 completed two 12 consecutive month periods in full-time labour force and not financially dependent upon parent/guardian (as defined below).

* 4 been out of secondary school for 4 calendar years and not financially dependent upon parent/guardian (as defined below).

* FINANCIAL INDEPENDENCE (Must be completed by all applicants who qualify under Group B, Sections 2, 3, 4)

I will:

(i) live during the school term in a YES NO home owned or rented by my parent/guardian/sponsor.

(ii) be declared as a dependent on parent/guardian/sponsor's income tax return for the most recent tax year previous to the year in which classes begin.

N.B.: IF YOU ANSWER "YES" TO ONE OR BOTH OF THESE STATEMENTS, YOU MUST APPLY AS A "GROUP A" STUDENT.

PREVIOUS EDUCATION

306 INDICATE THE PROVINCE OR COUNTRY IN WHICH YOU RECEIVED YOUR SECONDARY (HIGH SCHOOL) EDUCATION ▷

HIGHEST GRADE ATTENDED _____ HIGH SCHOOL LEAVING DATE ▷ _____ RR YY _____

307 NUMBER OF YEARS OF POST-SECONDARY EDUCATION COMPLETED:

NONE TWO FOUR OR MORE

ONE THREE

308 SUMMARIZE POST-SECONDARY EDUCATION TO DATE

FROM	TO	INSTITUTION	PROVINCE	CHECK ONE
RR YY	RR YY			
				<input type="checkbox"/> FULL-TIME
				<input type="checkbox"/> PART-TIME
				<input type="checkbox"/> FULL-TIME
				<input type="checkbox"/> PART-TIME

USE SPACE PROVIDED IN 1202 IF NECESSARY

EMPLOYMENT HISTORY

309 I HAVE BEEN IN THE FULL-TIME LABOUR FORCE

NONE ONE TWO OR MORE CONSECUTIVE 12 MONTH PERIODS (see GUIDE, Section IIc)

310 PROVIDE COMPLETE EMPLOYMENT HISTORY SINCE HIGH SCHOOL GRADUATION OR FOR PAST FIVE YEARS (WHICHEVER IS LESS):

FROM	UP TO AND INCLUDING	EMPLOYER'S NAME AND WORKING ADDRESS	CHECK ONE
RR YY	RR YY		
			<input type="checkbox"/> FULL-TIME
			<input type="checkbox"/> PART-TIME
			<input type="checkbox"/> UNEMPLOYED
			<input type="checkbox"/> FULL-TIME
			<input type="checkbox"/> PART-TIME
			<input type="checkbox"/> UNEMPLOYED
			<input type="checkbox"/> FULL-TIME
			<input type="checkbox"/> PART-TIME
			<input type="checkbox"/> UNEMPLOYED

USE SPACE PROVIDED IN 1202 IF NECESSARY

PRE-TERM OCCUPATION

This section applies to the MONTHS IMMEDIATELY PRIOR TO THE FIRST DAY OF CLASSES (see GUIDE, Part III). Give complete details FOR EACH MONTH and state occupation (eg., employed, unemployed, travel, full-time student, etc.). If you will be unemployed at any time during the pre-term, please explain in Section 1202.

MONTH OF	OCCUPATION	FULL NAME AND POSTAL ADDRESS OF EMPLOYER OR INSTITUTION ATTENDED	GROSS INCOME PER MONTH
501			
502			
503			
504			

RESIDENCE DURING PRE-TERM

RENTED APARTMENT PARENTS/SPONSOR SELF-OWNED RESIDENCE STUDENT RESIDENCE

ACCOMMODATION (DURING EDUCATIONAL PERIOD)

601 DURING THE EDUCATIONAL PERIOD COVERED BY THIS APPLICATION, I WILL BE RESIDING: ▷

WITH PARENTS/SPONSOR SELF-OWNED RESIDENCE (Date of purchase) ▷

STUDENT RESIDENCE

RENTED APARTMENT OTHER (specify) ▷

DISTANCE OF THE RESIDENCE FROM THE INSTITUTION IS _____ KILOMETRES.

602 MY PARENTS/SPONSOR/GUARDIAN/ASSISTING RELATIVE RESIDE IN THE VICINITY OF THE INSTITUTION I WILL ATTEND. ▷

YES NO

DISTANCE OF THEIR RESIDENCE FROM THE INSTITUTION IS _____ KILOMETRES.

TRANSPORTATION (DURING EDUCATIONAL PERIOD)

ARE YOU (OR YOUR SPOUSE) THE REGISTERED OWNER OF A MOTOR VEHICLE? YES (COMPLETE 704) NO

IF YES IN 702 AND YOU ARE NOT THE REGISTERED OWNER, INDICATE NAME OF OWNER RELATIONSHIP TO APPLICANT

702 WILL YOU DRIVE A MOTOR VEHICLE DURING THE EDUCATIONAL PERIOD? YES (COMPLETE 704) NO

CAR POOL? YES (COMPLETE 704) NO # DAYS PER WEEK YOU WILL DRIVE?

IF YES TO EITHER 701 OR 702, COMPLETE THE FOLLOWING FOR EACH VEHICLE (Fully indicate make & model: eg., Dodge Dart 6 cyl. 2 dr. sedan)

MAKE	MODEL	YEAR	DATE OF PURCHASE	COST	AMOUNT PAID TO DATE	PRESENT VALUE	INSURANCE COST'S
			MM YY				

ASSETS

NAME OF LENDING INSTITUTION(S) WHERE YOUR ACCOUNTS ARE HELD	ADDRESSES	ACCOUNT NO(S).

DO YOU OR YOUR SPOUSE POSSESS ANY INCOME PRODUCING INVESTMENTS? YES, PROVIDE DETAILS BELOW NO

FORM OF ASSET	DATE ASSET WAS ACQUIRED	VALUE AT DATE OF PURCHASE	CURRENT VALUE OF ASSET	AMOUNT OWING ON ASSET	NET INCOME FROM ASSET DURING PRE-TERM & EDUCATIONAL TERM
	MM YY				
DEPOSITS (Term/Savings)					
BONDS (eg., Gov't)					
R.R.S.P.					
STOCK HOLDINGS					
R.H.O.S.P.					
RENTAL PROPERTY					

NOTE: If you have claimed Rental Property, complete Appendix II, Section III

3 DO YOU OR YOUR SPOUSE POSSESS ANY FIXED ASSETS (VALUE OVER \$1000) SUCH AS RECREATIONAL PROPERTY, RESIDENCE, BOAT, ETC.? YES, PROVIDE DETAILS BELOW NO

ASSET	PURCHASE VALUE	PRESENT VALUE	DATE OF PURCHASE
			MM YY

GROUP B MARRIED APPLICANTS (To be completed by all applicants who are married, have been married, or have dependents)

1 SPOUSE'S SURNAME, GIVEN NAMES _____ SOCIAL INSURANCE NUMBER _____

2 SPOUSE'S ADDRESS DURING EDUCATIONAL PERIOD SAME AS 104-7 OTHER (SPECIFY)

903 DATE OF MARRIAGE DATE OF SEPARATION/DIVORCE

4 SPOUSE'S OCCUPATION DURING APPLICANT'S PRE-TERM EMPLOYED 30 HRS/WK OR MORE 12-29 HRS/WK 0-11 HRS/WK STUDENT FULL-TIME PART-TIME NAME OF INSTITUTION _____

5 SPOUSE'S OCCUPATION DURING APPLICANT'S EDUCATIONAL TERM EMPLOYED 30 HRS/WK OR MORE 12-29 HRS/WK 0-11 HRS/WK STUDENT FULL-TIME PART-TIME NAME OF INSTITUTION _____

6 SPOUSE WILL APPLY FOR STUDENT FINANCIAL ASSISTANCE YES, INDICATE PROVINCE AND PERIOD OF STUDY NO

7. LIST DEPENDENTS IN YOUR CUSTODY (EXCLUDING SPOUSE)

FULL NAME	AGE ON DECEMBER 31, 1984	RELATIONSHIP TO YOU

001 PRE-TERM	FROM RR YY	UP TO & INCLUDING RR YY	EDUCATIONAL TERM	FROM RR YY	UP TO & INCLUDING RR YY
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PRE-TERM BUDGET

002 BANK BALANCE AT BEGINNING OF PRE-TERM A \$

003 INCOME OF APPLICANT FROM ALL SOURCES

GROSS WAGES, U.I.C., ETC.	\$	
SOCIAL ASSISTANCE	+	
CHILD SUPPORT	+	
GRANTS, SCHOLARSHIPS, STUDENT LOANS, ETC. (SPECIFY IN '1' BELOW)	+	
FAMILY ALLOWANCE	+	
DAYCARE SUBSIDY	+	
OTHER (SPECIFY IN '2' BELOW)	+	
TOTAL GROSS INCOME =	\$	
MINUS INCOME TAX DEDUCTED	-	
OTHER COMPULSORY DEDUCTIONS	-	
NET INCOME	= \$	

1006 EXPENSES (INCLUDING SPOUSE'S)

RENT (OR MORTGAGE)	\$	
FOOD	+	
UTILITIES	+	
INSURANCE	+	
LOANS PAYMENTS (SPECIFY PURPOSES IN '5' BELOW)	+	
LOCAL TRANSPORTATION	+	
EXTENDED TRAVEL (SPECIFY IN '6' BELOW, ATTACH DETAILS)	+	
DAYCARE (INCLUDE DOCUMENTATION)	+	
MEDICAL/DENTAL COSTS (INCLUDE RECEIPTS)	+	
MEDICAL/DENTAL PREMIUMS (INCLUDE DOCUMENTATION)	+	
CLOTHING	+	
MISCELLANEOUS	+	
EXCEPTIONAL EXPENSES (SPECIFY IN '7' BELOW, ATTACH DETAILS)	+	
OTHER (SPECIFY IN '8' BELOW)	+	

004 INCOME OF SPOUSE FROM ALL SOURCES

GROSS WAGES, U.I.C., ETC.	\$	
SOCIAL ASSISTANCE	+	
CHILD SUPPORT	+	
GRANTS, SCHOLARSHIPS, ETC. (SPECIFY IN '3' BELOW)	+	
FAMILY ALLOWANCE	+	
DAYCARE SUBSIDY	+	
OTHER (SPECIFY IN '4' BELOW)	+	
TOTAL GROSS INCOME =	\$	
MINUS INCOME TAX DEDUCTED	-	
OTHER COMPULSORY DEDUCTIONS	-	
NET INCOME	= \$	

1007 TOTAL PRE-TERM EXPENSES E = \$

1008 SAVINGS FROM PRE-TERM

B minus E = F \$

A plus F = TOTAL SAVINGS G \$

005 TOTAL PRE-TERM INCOME (1003 + 1004) B = \$

In this section, give details as requested for appropriate pre-term budget areas.

	5	
	6	
	7	
	8	

EDUCATIONAL TERM BUDGET (Budget for period listed in 304)

1009 INCOME:

SPOUSE'S GROSS SALARY*	\$	
MINUS SPOUSE'S INCOME TAX	-	
OTHER COMPULSORY DEDUCTIONS	-	
NET INCOME	=	\$
APPLICANT'S GROSS PART-TIME INCOME*	\$	
MINUS APPLICANT'S INCOME TAX	-	
OTHER COMPULSORY DEDUCTIONS	-	
NET INCOME	=	\$
FAMILY ALLOWANCE	+	
DAYCARE SUBSIDY	+	
CHILD SUPPORT	+	
SOCIAL ASSISTANCE (MR 78 FORM MUST BE INCLUDED)	+	

	APPLICANT		SPOUSE
CANADA MANPOWER ALLOWANCES	\$		\$
U.I.C. ALLOWANCES	+		+
SCHOLARSHIPS	+		+
BURSARIES	+		+
TOTALS (INDIVIDUAL)	\$	M	\$

TOTAL **M** + **N** (IF APPLICABLE) = \$

PARENT/GUARDIAN/SPONSOR (MONETARY CONTRIBUTION) +

FINANCIAL RESOURCES YOU PLAN TO LIQUIDATE (EG., BONDS, INVESTMENTS). SPECIFY IN 1 BELOW, ATTACH APPENDIX II. +

OTHER. SPECIFY IN 4 BELOW. +

TOTAL EDUCATIONAL TERM INCOME **C** = \$

TOTAL INCOME **A** + **B** + **C** = **D** \$

1010 EXPENSES (INCLUDING SPOUSE'S):

RENT	\$
MORTGAGE PAYMENTS (INCLUDING TAXES)	+
FOOD	+
UTILITIES	+
INSURANCE	+
LOAN PAYMENTS (SPECIFY PURPOSES IN 2 BELOW)	+
LOCAL TRANSPORTATION	+
RETURN TRANSPORTATION	+
DAYCARE (DOCUMENTATION MUST BE PROVIDED)	+
MEDICAL/DENTAL COSTS (INCLUDE RECEIPTS)	+
MEDICAL/DENTAL PREMIUMS (INCLUDE DOCUMENTATION)	+
CLOTHING	+
MISCELLANEOUS	+
EXCEPTIONAL EXPENSES (SPECIFY IN 3 BELOW, ATTACH DETAILS)	+
TOTAL EDUCATIONAL TERM LIVING COSTS H =	\$

TOTAL LIVING COSTS **E** + **H** = **I** \$

1011 APPLICANT'S EDUCATIONAL COSTS:

TUITION	\$
BOOKS	+
SUPPLIES	+
APPLICANT'S TOTAL EDUCATIONAL COSTS J =	\$

TOTAL EXPENSES **I** + **J** = **K** \$

* NOTE: If you or your spouse have any self-employed earnings or income-producing assets, you must complete the applicable Appendix.

In this section, give details as requested for appropriate educational term budget areas.

- 1
- 2
- 3
- 4

CALCULATION OF REQUEST: complete appropriate category (Note: the letters in boxes correspond to the letters found on the two budget pages)

1012 CATEGORY Single students, single parents, separated, divorced, and MARRIED students whose spouse will not be a full-time student during the educational period outlined in 304.

TOTAL EXPENSES K	\$
TOTAL INCOME D	-
FINANCIAL NEED =	\$
AMOUNT REQUESTED =	\$

I hereby request financial assistance totalling:

1013 CATEGORY Married students whose spouse will be a full-time student during the educational period outlined in 304.

APPLICANT'S LIVING COSTS ($\frac{1}{2}$ of I)	\$
APPLICANT'S EDUCATIONAL COSTS J	+
APPLICANT'S TOTAL COSTS =	\$
APPLICANT'S INCOME ($\frac{1}{2}$ of D)	-
FINANCIAL NEED =	\$
AMOUNT REQUESTED =	\$

I hereby request financial assistance totalling:

DECLARATION

1101 I HAVE PREVIOUSLY APPLIED FOR ASSISTANCE UNDER THE CPEF STUDENT ASSISTANCE PROGRAM NO YES

1103 I HAVE PREVIOUSLY BEEN ASSISTED BY:

CANADA STUDENT LOAN NO YES

PROVINCIAL GRANT NO YES

IF YES TO ANY, INDICATE YEAR(S) RECEIVED:

1102 I HAVE DECLARED BANKRUPTCY NO YES, GIVE YEAR

1104 I HAVE PREVIOUSLY BORROWED UNDER THE CANADA STUDENT LOANS PROGRAM THE TOTAL AMOUNT OF \$ _____ FROM THE FOLLOWING PROVINCES: _____

1105 I HAVE PREVIOUSLY RECEIVED UNDER THE CPEF STUDENT ASSISTANCE PROGRAM THE TOTAL AMOUNT OF \$ _____

1106 CONDITIONS OF ASSISTANCE

- As witnessed by my signature below, I certify and declare that:
- All information given this application is complete and true in every respect.
 - I shall be a full-time student for the educational period stated and financial assistance is essential to enable me continue my education.
 - I will use any assistance granted only for payment of educational and living costs directly related to my course of study, and the first use of such assistance will be to pay educational tuition.
 - I will notify the Financial Awards Officer if any changes occur in:
 - my financial status
 - the financial status of my parent/guardian/sponsor, where their financial status was taken into consideration for Financial Assistance

- my educational standing
 - my educational program or institution
- I agree that the CPEF or its Appointee(s) may receive, as my agent, from the institution I am attending, all information required to verify my registration, course load, program attendance, and previous academic standing.
- If as a result of a change in my status or an error made in my original assessment it is determined that an overaward has been made, I acknowledge that such overaward shall be deducted from any future entitlement to a student loan.
 - I acknowledge that approval of this application does not constitute a commitment to award student assistance by the CPEF.

1107 SIGNATURE OF APPLICANT

1108 DATE SIGNED

ADDITIONAL INFORMATION

202 FURTHER NOTES AND EXPLANATIONS (use the following space to add information which you feel would benefit the consideration of your request)

GROUP A APPLICANTS: (To be completed by parents/sponsor/assisting relative/guardian of Group A applicants)

<p>I MARITAL STATUS OF PERSON COMPLETING THIS SECTION</p> <p><input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED</p> <p><input type="checkbox"/> SINGLE PARENT <input type="checkbox"/> WIDOWED</p> <p><input type="checkbox"/> SEPARATED</p>	<p>II RELATIONSHIP TO THE APPLICANT</p> <p><input type="checkbox"/> PARENT <input type="checkbox"/> SPONSOR</p> <p><input type="checkbox"/> STEP-PARENT <input type="checkbox"/> ASSISTING RELATIVE</p> <p><input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER</p>
<p style="text-align: center;">HEAD OF HOUSEHOLD</p> <p>III OCCUPATION IN _____ (YEAR STUDENT APPLYING FOR ASSISTANCE)</p> <p><input type="checkbox"/> WAGE EARNER/SALARIED <input type="checkbox"/> RETIRED</p> <p><input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> NOT EMPLOYED</p> <p>EMPLOYER: _____</p>	<p style="text-align: center;">SPOUSE OF HEAD OF HOUSEHOLD</p> <p>V OCCUPATION IN _____ (year student applying for assistance)</p> <p><input type="checkbox"/> WAGE EARNER/SALARIED <input type="checkbox"/> RETIRED</p> <p><input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> NOT EMPLOYED</p> <p>EMPLOYER: _____</p>
<p>IV IF NOT EMPLOYED, SOURCE OF INCOME</p> <p><input type="checkbox"/> U.I.C. <input type="checkbox"/> PENSION</p> <p><input type="checkbox"/> SOCIAL ASSISTANCE <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/></p>	<p>VI IF NOT EMPLOYED, SOURCE OF INCOME</p> <p><input type="checkbox"/> U.I.C. <input type="checkbox"/> PENSION</p> <p><input type="checkbox"/> SOCIAL ASSISTANCE <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/></p>

*II Please complete the following, based on your last tax return. For your convenience, a reference has been made to the line(s) of the income tax form where this information is located. The information you provide is subject to verification and audit.

	HEAD OF HOUSEHOLD	SPOUSE OF HEAD OF HOUSEHOLD
A) INCOME FROM WAGES, SALARIES (LINE 4)	\$ _____	\$ _____
B) PENSION INCOME RECEIVED IN PREVIOUS YEAR (LINES 9-11)	+ _____	+ _____
C) FAMILY ALLOWANCE, SOCIAL ASSISTANCE, UNEMPLOYMENT INSURANCE, ETC. (LINES 12 & 13): SPECIFY SOURCE _____	+ _____	+ _____
D) SELF-EMPLOYED INCOME (LINES 19-23): COMPLETE APPENDIX IB (over)	+ _____	+ _____
E) INVESTMENT AND OTHER INCOME (LINES 14-18): ATTACH COMPLETED APPENDIX II	+ _____	+ _____
GROSS INCOME (TOTAL OF A TO E)	= \$ _____	= \$ _____
INCOME TAXES PAYABLE (LINE 70)	\$ _____	\$ _____

NOTE: If you have any self-employed income, you must complete APPENDIX B (see reverse). If you have income over \$1000 from investments (stocks, bonds, mortgages, etc.) or any rental income, you must attach a completed APPENDIX II. For your convenience, a copy of your last tax return may be submitted.

<p>III Please list any exceptional expenses incurred during year (eg., medical, family emergency, daycare, exceptional repairs, etc.). Receipts must be included. Attach separate sheet if necessary.</p>	<p>X DEPENDENT CHILDREN (INCLUDING APPLICANT) (Do not include children who are members of the work force or applying as Group B under this program.)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">NAME</th> <th style="width:10%;">AGE</th> <th style="width:30%;">SCHOOL TO BE ATTENDED</th> <th style="width:20%;">ATTENDING POST-SECONDARY INSTITUTION FULL-TIME</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td style="text-align: center;">Y <input type="checkbox"/> N <input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td style="text-align: center;">Y <input type="checkbox"/> N <input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td style="text-align: center;">Y <input type="checkbox"/> N <input type="checkbox"/></td> </tr> </tbody> </table>	NAME	AGE	SCHOOL TO BE ATTENDED	ATTENDING POST-SECONDARY INSTITUTION FULL-TIME				Y <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>
NAME	AGE	SCHOOL TO BE ATTENDED	ATTENDING POST-SECONDARY INSTITUTION FULL-TIME														
			Y <input type="checkbox"/> N <input type="checkbox"/>														
			Y <input type="checkbox"/> N <input type="checkbox"/>														
			Y <input type="checkbox"/> N <input type="checkbox"/>														
<p>IX am willing to provide the following assistance to the applicant:</p> <p><input type="checkbox"/> FREE FOOD AND LODGING DURING THE EDUCATIONAL PERIOD</p> <p><input type="checkbox"/> MONETARY ASSISTANCE TOTTALLING _____</p> <p><input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/></p>	<p>XI OTHER (List other dependents (if any) that you will be supporting during 1984 and DEPENDENTS: claiming on your 1984 income tax return DO NOT INCLUDE YOUR SPOUSE.)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;">NAME AND ADDRESS</th> <th style="width:10%;">AGE</th> <th style="width:20%;">RELATIONSHIP TO YOU</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	NAME AND ADDRESS	AGE	RELATIONSHIP TO YOU													
NAME AND ADDRESS	AGE	RELATIONSHIP TO YOU															

DECLARATION OF PERSON(S) COMPLETING QUESTIONS I - XII.

ADD NAME OF PARENT/GUARDIAN/SPONSOR/ASSISTING RELATIVE (PRINT) _____

I hereby declare that the information given in answer to the foregoing questions is true and complete to the best of my knowledge, and I understand that this information may be subject to verification.

<p>SIGNATURE OF PARENT/GUARDIAN/SPONSOR OR ASSISTING RELATIVE _____</p> <p>DATE _____</p>	<p>ADDRESS _____</p> <p>CITY _____ POSTAL CODE _____</p> <p>PROVINCE _____ TELEPHONE _____</p>
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THE CANADIAN PODIATRY EDUCATION FOUNDATION STUDENT ASSISTANCE PROGRAM
DECLARATION OF ASSETS & INVESTMENT INCOME APPENDIX II

This Appendix should be completed by applicant, spouse, parents, guardian, or sponsor who possesses income-producing assets.
 To provide immediate verification of the data submitted below and to expedite the application process, you may wish to forward your latest Income Tax Return along with this form.

I. IDENTIFYING INFORMATION

NAME OF INDIVIDUAL COMPLETING THIS APPENDIX ADDRESS	IF OTHER THAN APPLICANT <input type="checkbox"/> PARENT <input type="checkbox"/> SPONSOR <input type="checkbox"/> GUARDIAN <input type="checkbox"/> SPOUSE
NAME OF APPLICANT SOCIAL INSURANCE NO.	
EDUCATIONAL INSTITUTION	

II. STATEMENT OF INTEREST AND DIVIDEND INCOME (give additional information, if necessary, on reverse)

FORM OF ASSET	DATE ASSET WAS ACQUIRED	VALUE AT DATE OF PURCHASE	CURRENT VALUE OF ASSET	AMOUNT OWING ON ASSET	NET INCOME FROM ASSET IN 1983
DEPOSITS (Term/Savings)					
BONDS (e.g., Gov't)					
R.R.S.P.					
STOCK HOLDINGS					
R.H.C.S.P.					

TOTAL NET INCOME FROM INTEREST AND DIVIDENDS **A** \$

III. STATEMENT OF INCOME FROM REAL ESTATE (other than principal residence. Give additional information, if necessary, on reverse.)

ADDRESS OF PROPERTY	MARKET VALUE 1	AMOUNT OWING 2	NET WORTH (1 MINUS 2) 3	GROSS RENT 4	EXPENSES (TAXES, REPAIRS) 5	1983 CAPITAL COST ALLOWANCE 6	NET INCOME (4 MINUS 5 MINUS 6) 7
	\$	\$	\$	\$	\$	\$	\$

TOTAL NET INCOME FROM REAL ESTATE **B** \$

IV. TOTAL AMOUNT TO BE TRANSFERRED TO APPLICATION FORM

TOTAL INTEREST AND DIVIDEND INCOME (FROM BOX <input type="checkbox"/> A ABOVE)	\$
TOTAL RENTAL INCOME (FROM BOX <input type="checkbox"/> B ABOVE)	+
TOTAL INVESTMENT INCOME	<input type="checkbox"/> A + <input type="checkbox"/> B = \$

Transfer this amount to APPLICATION:
 Parent/sponsor to Appendix IA(e);
 Applicant/spouse to Sections 1003/
 1004 and 1009 of budget page.
 Please note on reverse of this
 page if income will change sig-
 nificantly in current year.

V. DECLARATION

I declare that the information in Appendix II is true, correct, and complete. I understand that the data I have submitted herein is subject to verification and audit.

SIGNATURE	DATE
-----------	------

VI. EXPLANATORY NOTES AND ADDITIONAL INFORMATION

from SECTION II: INTEREST AND DIVIDEND INCOME (details)

from SECTION III: INCOME FROM REAL ESTATE (details)

SALE OF INVESTMENTS IN 1983 (please provide documentation)

INVESTMENT ITEM SOLD	DATE OF SALE	SALE PRICE	HOW WERE THE PROCEEDS USED?
	D D M M Y Y	\$	
		\$	
		\$	

OTHER

BUDGET (see GUIDE, Part III-1)

1 PRE-TERM	FROM MM YY	UP TO & INCLUDING MM YY	EDUCATIONAL TERM	FROM MM YY	UP TO & INCLUDING MM YY
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PRE-TERM BUDGET

<p>2 BANK BALANCE AT BEGINNING OF PRE-TERM A \$ <input style="width:100px;" type="text"/></p> <p>3 INCOME OF APPLICANT FROM ALL SOURCES</p> <table style="width:100%; border-collapse: collapse;"> <tr><td style="width:80%;">GROSS WAGES, U.I.C., ETC.</td><td style="width:5%; text-align:center;">\$</td><td style="width:15%;"><input style="width:100%;" type="text"/></td></tr> <tr><td>SOCIAL ASSISTANCE</td><td style="text-align:center;">+</td><td><input style="width:100%;" type="text"/></td></tr> <tr><td>CHILD SUPPORT</td><td style="text-align:center;">+</td><td><input style="width:100%;" type="text"/></td></tr> <tr><td>GRANTS, SCHOLARSHIPS, STUDENT LOANS, ETC. 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In this section, give details as requested for appropriate pre-term budget areas.

	5	
	6	
	7	
	8	

EDUCATIONAL TERM BUDGET (Budget for period listed in 304)

1009 INCOME:

SPOUSE'S GROSS SALARY	\$	
MINUS SPOUSE'S INCOME TAX	-	
OTHER COMPULSORY DEDUCTIONS	-	
NET INCOME	=	\$
APPLICANT'S GROSS PART-TIME INCOME	\$	
MINUS APPLICANT'S INCOME TAX	-	
OTHER COMPULSORY DEDUCTIONS	-	
NET INCOME	=	\$
FAMILY ALLOWANCE		+
DAYCARE SUBSIDY		+
CHILD SUPPORT		+
SOCIAL ASSISTANCE (HR 78 FORM MUST BE INCLUDED)		+

	APPLICANT		SPOUSE
CANADA MANPOWER ALLOWANCES	\$		\$
U.I.C. ALLOWANCES	+		+
SCHOLARSHIPS	+		+
BURSARIES	+		+
TOTALS (INDIVIDUAL)	\$	M	\$

TOTAL **M** + **N** (IF APPLICABLE) = \$

PARENT/GUARDIAN/SPONSOR (MONETARY CONTRIBUTION) +

FINANCIAL RESOURCES YOU PLAN TO LIQUIDATE (EG., BONDS, INVESTMENTS). SPECIFY IN 1 BELOW, ATTACH APPENDIX II. +

OTHER. SPECIFY IN 4 BELOW. +

TOTAL EDUCATIONAL TERM INCOME **C** = \$

TOTAL INCOME **A** + **B** + **C** = **D** \$

1010 EXPENSES (INCLUDING SPOUSE'S):

RENT	\$
MORTGAGE PAYMENTS (INCLUDING TAXES)	+
FOOD	+
UTILITIES	+
INSURANCE	+
LOAN PAYMENTS (SPECIFY PURPOSES IN 2 BELOW)	+
LOCAL TRANSPORTATION	+
RETURN TRANSPORTATION	+
DAYCARE (DOCUMENTATION MUST BE PROVIDED)	+
MEDICAL/DENTAL COSTS (INCLUDE RECEIPTS)	+
MEDICAL/DENTAL PREMIUMS (INCLUDE DOCUMENTATION)	+
CLOTHING	+
MISCELLANEOUS	+
EXCEPTIONAL EXPENSES (SPECIFY IN 3 BELOW, ATTACH DETAILS)	+
TOTAL EDUCATIONAL TERM LIVING COSTS H =	\$

TOTAL LIVING COSTS **E** + **H** = **I** \$

1011 APPLICANT'S EDUCATIONAL COSTS:

TUITION	\$
BOOKS	+
SUPPLIES	+
APPLICANT'S TOTAL EDUCATIONAL COSTS J =	\$
TOTAL EXPENSES I + J = K	\$

* NOTE: If you or your spouse have any self-employed earnings or income-producing assets, you must complete the applicable Appendix.

In this section, give details as requested for appropriate educational term budget areas.

- 1
- 2
- 3
- 4

CALCULATION OF REQUEST: complete appropriate category (Note: the letters in boxes correspond to the letters found on the two budget pages)

1012 CATEGORY Single students, single parents, separated, divorced, and MARRIED students whose spouse will not be a full-time student during the educational period outlined in 304.

TOTAL EXPENSES K	=	\$
TOTAL INCOME D	=	\$
FINANCIAL NEED	=	\$
AMOUNT REQUESTED	=	\$

I hereby request financial assistance totalling:

1013 CATEGORY Married students whose spouse will be a full-time student during the educational period outlined in 304.

APPLICANT'S LIVING COSTS (1/2 of I)	=	\$
APPLICANT'S EDUCATIONAL COSTS J	=	\$
APPLICANT'S TOTAL COSTS	=	\$
APPLICANT'S INCOME (1/2 of D)	=	\$
FINANCIAL NEED	=	\$
AMOUNT REQUESTED	=	\$

I hereby request financial assistance totalling:

THE CANADIAN PODIATRY EDUCATION FOUNDATION
PROGRAM INFORMATION

STUDENT ASSISTANCE PROGRAM
APPENDIX VI

SECTION I: TO BE COMPLETED BY ALL STUDENTS

SURNAME, GIVEN NAMES _____ SOCIAL INSURANCE NO. _____
INSTITUTION _____

SECTION II: TO BE COMPLETED BY INSTITUTION OFFICIAL (see reverse for instructions)

1. THE ABOVE-NAMED STUDENT HAS APPLIED AS A: REGULAR STUDENT SPECIAL STUDENT
FACULTY _____ MAJOR _____
2. THE INSTITUTION IS: PRIVATE PUBLIC
3. UPON COMPLETION OF THE COURSE OF STUDIES DESCRIBED IN NUMBER 1 ABOVE, THE STUDENT WILL BE AWARDED A: DEGREE OF (SPECIFY) _____ CERTIFICATE OF (SPECIFY) _____
 DIPLOMA OF (SPECIFY) _____ OTHER (SPECIFY) _____

4. a) THE PERIOD OF INTENDED STUDY DURING THE SCHOOL YEAR IS: _____
(INDICATE TERM, SEMESTER, OR QUARTER)
 ONE TERM SEMESTER
OR
 TWO TERMS SEMESTERS
OR
 THREE TERMS SEMESTERS QUARTERS
OR
 FOUR QUARTERS
OR
 ONE CONTINUOUS YEAR

FROM	DD	MM	YY	TO	DD	MM	YY
CLASSES BEGIN	DD	MM	YY	CLASSES END	DD	MM	YY
1st							
2nd							
3rd							
4th							

4. b) NUMBER OF WEEKS IN PROGRAM FOR THE PERIOD OUTLINED IN 4(a) IS: _____
4. c) EDUCATIONAL PERIOD IS THE _____ YEAR OF A PROGRAM REQUIRING A TOTAL OF _____ YEARS.
4. d) THE STUDENT WILL BE WORKING ON A THESIS OR DISSERTATION FULL-TIME PART-TIME
4. e) THE STUDENT IS TAKING _____ % OF A FULL COURSE LOAD AS INDICATED IN 4(a)

5. THE APPLICANT HAS APPLIED FOR OR WILL BE AWARDED FINANCIAL AID BY THIS INSTITUTION FOR THE ABOVE ACADEMIC YEAR: YES NO
TOTAL VALUE (SPECIFY CURRENCY) _____
FINANCIAL AID REQUIRES APPLICANT TO WORK ON A PART-TIME BASIS FOR THE INSTITUTION: YES NO
TYPE OF AID (SPECIFY) _____

6. THE FOLLOWING COSTS APPLY TO THE APPLICANT'S PROGRAM AT THIS INSTITUTION FOR THE PERIOD OF STUDY DESCRIBED IN 4 ABOVE:
NOTE: GIVE SEPARATE FIGURES FOR (a) THROUGH (d) SPECIFY CURRENCY USED.
a) TUITION AND STUDENT FEES _____
b) ROOM AND BOARD (AVERAGE COST FOR A SINGLE STUDENT IN RESIDENCY) _____
c) BOOKS _____
d) OTHER PRESCRIBED SUPPLIES, INSTRUMENTS, COMPULSORY FIELD TRIPS, ETC. _____

7. COMMENTS BY INSTITUTION (ATTACH ADDITIONAL PAGE IF NECESSARY)

SECTION III: CERTIFICATION BY INSTITUTION

SEAL OR STAMP OF INSTITUTION _____

CERTIFIED CORRECT BY: SIGNATURE OF OFFICIAL _____
TITLE OF OFFICIAL _____
ADDRESS _____
TELEPHONE _____ DATE DD MM YY _____

TO THE INSTITUTION

PLEASE NOTE THE FOLLOWING:

1. The purpose of Appendix VI is:
 - a) to confirm that the student has applied for admission to, or been accepted by, the institution.
 - b) to provide basic information about the period of study.
 - c) to provide accurate cost information for the current program of studies.
2. It is possible that the definition of the various types of students differs among institutions. We provide for your information our definitions.
 - a) a regular student is one who has enrolled in a program of studies leading to a degree, diploma, or certificate and is taking at least 60% of a full course load at the institution the student is attending. The student must maintain this level during the period covered by the application.
 - b) a special student is one who is enrolled in an undergraduate program which is not part of a regular program and therefore does not lead to a degree, diploma, or certificate.
3. PLEASE ENSURE THAT:
 - a) the cost information supplied under items 6(a) to 6(d) reflects the actual cost to the student for the program and period of study.
 - b) the form is completed promptly and correctly, since the application for financial assistance cannot be processed until the information in Appendix VI is available.
 - c) you retain a copy of this form for your records.
4. Please direct enquiries and comments to:

Financial Awards Officer
The Canadian Podiatry Education Foundation
#203-2309 West 41st Ave.,
Vancouver, B.C.
Canada V6M 2A3

**THE CANADIAN PODIATRY EDUCATION FOUNDATION
STUDENT ASSISTANCE PROGRAM**

Supplementary conditions of assistance:

1. Financial assistance is given in the form of a loan to the student interest free to the student as long as the student is registered as a full-time student and for six (6) months after the student terminate full time studies.
2. Within six (6) months of ceasing to be a full-time student, you must contact the Financial Awards Officer, The Canadian Podiatry Education Foundation (CPEF) to complete arrangements for the repayment of your loan.
3. The financial Awards officer of the CPEF will determine the repayment terms after taking into account the size your debt and probable ability to repay. The following schedule is currently being used to determine length of repayment.

Loan	Maximum length Size of Repayment
\$0001-\$ 2,000	24 months
\$2,001-\$ 4,000	48 months
\$4,001-\$ 6,000	60 months
\$6,001-\$ 8,000	72 months
\$8,001-\$10,000	84 months
\$10,000-over	96 months

4. Interest rates vary from year to year. The amount of interest you pay on your student loan will depend upon when you commence repayment. Interest rate will be calculated based on the prime rate when you commence repayment.

As witnessed by my signature below, I certify and declare that:

a. I acknowledge that the loan funds approved and negotiated under the CPEFSAP must be repaid, in addition to interest based on the prime rate on the first day of the month following the day I cease to be a student based on the schedule of repayment listed above.

b. If upon default, I acknowledge that the CPEF SAP is entitled to do whatever essential to reclaim the assistance given.

Signature of Applicant

Signature of witness (Official
of educational institution)

Name:-----

Title:-----

Date Signed

Date signed