



# THE CANADIAN PODIATRY

## EDUCATION FOUNDATION

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

# STUDENT ASSISTANCE PROGRAM

SHORT FORM FOR STUDENTS WHO HAVE PREVIOUSLY APPLIED TO CPEF SAP COMPRISES OF:

- 1) Short form application - conditions of assistance
- 2) Educational Term Budget
- 3) Appendix VI - certification by institution

NAME \_\_\_\_\_ Application for \_\_\_\_\_ to \_\_\_\_\_  
School Year MM YY MM YY

U.S. ADDRESS \_\_\_\_\_  
APT. STREET CITY STATE CODE PHONE

CAN. ADDRESS \_\_\_\_\_  
APT. STREET CITY PROV. CODE PHONE

Have you previously applied for assistance from CPEF? If yes, School year \_\_\_\_\_  
(if no, you must use CPEF SAP Long Form) Institution \_\_\_\_\_

### CONDITIONS OF ASSISTANCE

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

1. All information given this application is complete and true in every respect.
2. I shall be a full-time student for the educational period stated and financial assistance is essential to enable to continue my education.
3. I will use any assistance granted only for payment of educational and living costs directly related to any course of study, and the first use of such assistance will be to pay educational tuition.
4. I will notify the Financial Awards Officer if any changes occur in:
  - (i) my financial status
  - (ii) the financial status of my parent/guardian/ sponsor, where their financial status was taken into consideration for Financial Assistance
  - (iii) my educational standing
  - (iv) 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.
5. If as a result of a change in my status or an error made in my original assessment it is determined that overaward has been made, I acknowledge that such overaward shall be deducted from any future entitlement to a student loan.
  6. I acknowledge that approval of this application does not constitute a commitment to award student assistance by the CPEF.
  7. I acknowledge that the loan funds approved and negotiated under the CPEF SAP 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 a student based on the schedule of repayment.
  8. If upon request, I acknowledge the CPEF SAP is entitled to do whatever essential to reclaim the loan provided.

Signature of Applicant \_\_\_\_\_

Date Signed \_\_\_\_\_

**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)	\$	<b>M</b>	\$

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 <b>H</b> =	\$

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 <b>K</b>	=	\$
TOTAL INCOME <b>D</b>	=	-
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 <b>I</b> )	=	\$
APPLICANT'S EDUCATIONAL COSTS <b>J</b>	=	+
APPLICANT'S TOTAL COSTS	=	\$
APPLICANT'S INCOME (1/2 of <b>D</b> )	=	-
FINANCIAL NEED	=	\$
AMOUNT REQUESTED	=	\$

I hereby request financial assistance totalling:

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

**PRE-TERM BUDGET**

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

**INCOME OF APPLICANT FROM ALL SOURCES**

GROSS WAGES, U.I.C., ETC.	\$	<input style="width:150px;" type="text"/>
SOCIAL ASSISTANCE	+	<input style="width:150px;" type="text"/>
CHILD SUPPORT	+	<input style="width:150px;" type="text"/>
GRANTS, SCHOLARSHIPS, STUDENT LOANS, ETC. (SPECIFY IN '1' BELOW)	+	<input style="width:150px;" type="text"/>
FAMILY ALLOWANCE	+	<input style="width:150px;" type="text"/>
DAYCARE SUBSIDY	+	<input style="width:150px;" type="text"/>
OTHER (SPECIFY IN '2' BELOW)	+	<input style="width:150px;" type="text"/>
<b>TOTAL GROSS INCOME =</b>	<b>\$</b>	<input style="width:150px;" type="text"/>
MINUS INCOME TAX DEDUCTED	-	<input style="width:150px;" type="text"/>
OTHER COMPULSORY DEDUCTIONS	-	<input style="width:150px;" type="text"/>
<b>NET INCOME</b>	<b>= \$</b>	<input style="width:150px;" type="text"/>

**1006 EXPENSES (INCLUDING SPOUSE'S)**

RENT (OR MORTGAGE)	\$	<input style="width:150px;" type="text"/>
FOOD	+	<input style="width:150px;" type="text"/>
UTILITIES	+	<input style="width:150px;" type="text"/>
INSURANCE	+	<input style="width:150px;" type="text"/>
LOANS PAYMENTS (SPECIFY PURPOSES IN '5' BELOW)	+	<input style="width:150px;" type="text"/>
LOCAL TRANSPORTATION	+	<input style="width:150px;" type="text"/>
EXTENDED TRAVEL (SPECIFY IN '6' BELOW, ATTACH DETAILS)	+	<input style="width:150px;" type="text"/>
DAYCARE (INCLUDE DOCUMENTATION)	+	<input style="width:150px;" type="text"/>
MEDICAL/DENTAL COSTS (INCLUDE RECEIPTS)	+	<input style="width:150px;" type="text"/>
MEDICAL/DENTAL PREMIUMS (INCLUDE DOCUMENTATION)	+	<input style="width:150px;" type="text"/>
CLOTHING	+	<input style="width:150px;" type="text"/>
MISCELLANEOUS	+	<input style="width:150px;" type="text"/>
EXCEPTIONAL EXPENSES (SPECIFY IN '7' BELOW, ATTACH DETAILS)	+	<input style="width:150px;" type="text"/>
OTHER (SPECIFY IN '8' BELOW)	+	<input style="width:150px;" type="text"/>

**INCOME OF SPOUSE FROM ALL SOURCES**

GROSS WAGES, U.I.C., ETC.	\$	<input style="width:150px;" type="text"/>
SOCIAL ASSISTANCE	+	<input style="width:150px;" type="text"/>
CHILD SUPPORT	+	<input style="width:150px;" type="text"/>
GRANTS, SCHOLARSHIPS, ETC. (SPECIFY IN '3' BELOW)	+	<input style="width:150px;" type="text"/>
FAMILY ALLOWANCE	+	<input style="width:150px;" type="text"/>
DAYCARE SUBSIDY	+	<input style="width:150px;" type="text"/>
OTHER (SPECIFY IN '4' BELOW)	+	<input style="width:150px;" type="text"/>
<b>TOTAL GROSS INCOME =</b>	<b>\$</b>	<input style="width:150px;" type="text"/>
MINUS INCOME TAX DEDUCTED	-	<input style="width:150px;" type="text"/>
OTHER COMPULSORY DEDUCTIONS	-	<input style="width:150px;" type="text"/>
<b>NET INCOME</b>	<b>= \$</b>	<input style="width:150px;" type="text"/>

**1007 TOTAL PRE-TERM EXPENSES**      **E** = \$

**1008 SAVINGS FROM PRE-TERM**

**B** minus **E** = **F**      \$

**A** plus **F** = **TOTAL SAVINGS** **G**      \$

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

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

	5	
	6	
	7	
	8	

**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.
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INSTITUTION

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

1. THE ABOVE-NAMED STUDENT HAS APPLIED AS A:	<input type="checkbox"/> REGULAR STUDENT <input type="checkbox"/> SPECIAL STUDENT	FACULTY MAJOR	2. THE INSTITUTION IS:
			<input type="checkbox"/> PRIVATE <input type="checkbox"/> PUBLIC
3. UPON COMPLETION OF THE COURSE OF STUDIES DESCRIBED IN NUMBER 1 ABOVE, THE STUDENT WILL BE AWARDED A:		<input type="checkbox"/> DEGREE OF (SPECIFY) <input type="checkbox"/> DIPLOMA OF (SPECIFY)	
		<input type="checkbox"/> CERTIFICATE OF (SPECIFY) <input type="checkbox"/> OTHER (SPECIFY)	
4. a) THE PERIOD OF INTENDED STUDY DURING THE SCHOOL-YEAR IS: (INDICATE TERM, SEMESTER, OR QUARTER) <input type="checkbox"/> ONE <input checked="" type="checkbox"/> TERM OR <input type="checkbox"/> SEMESTER  <input type="checkbox"/> TWO <input type="checkbox"/> TERMS OR <input type="checkbox"/> SEMESTERS  <input type="checkbox"/> THREE <input type="checkbox"/> TERMS OR <input type="checkbox"/> SEMESTERS <input type="checkbox"/> QUARTERS  <input type="checkbox"/> FOUR QUARTERS  OR  <input type="checkbox"/> ONE CONTINUOUS YEAR	FROM DD MM YY CLASSES BEGIN DD MM YY	TO DD MM YY CLASSES END DD MM YY	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 <input type="checkbox"/> FULL-TIME <input type="checkbox"/> 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:	<input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL VALUE (SPECIFY CURRENCY)	FINANCIAL AID REQUIRES APPLICANT TO WORK ON A PART-TIME BASIS FOR THE INSTITUTION:
			<input type="checkbox"/> YES <input type="checkbox"/> 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)

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**SECTION III: CERTIFICATION BY INSTITUTION**

SEAL OR STAMP OF INSTITUTION	CERTIFIED CORRECT BY: SIGNATURE OF OFFICIAL  _____ TITLE OF OFFICIAL  _____ ADDRESS  _____  <table style="width:100%; border: none;"> <tr> <td style="border: none; width: 70%;">TELEPHONE</td> <td style="border: none; width: 30%;">DATE</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">DD MM YY</td> </tr> </table>	TELEPHONE	DATE	_____	DD MM YY
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