# FIXED STUDENT CONTRIBUTION REVIEW



The following list provides examples of exceptional circumstances that may constitute reasonable grounds for reducing a fixed student contribution.

- > Unable to find employment or an unexpected change in employment.
- Unable to work due to illness, medical condition, disability or injury.
- > Unable to work due to caring for an immediate family member.
- Unavoidable extraordinary expenses (complete the Request for a Review of Emergency or Extraordinary Expenses during the Study Period form).

*Note:* If you are receiving the maximum amount of funding available under the program, your *Notice of Assessment* will indicate this above the funding table. If this is your situation, a contribution review is not possible as additional funding cannot be issued to you.

STUDENT'S INFORMATION

Social Insurance Number	First Name	Last Name

## PRE-STUDY PERIOD INCOME

Your pre-study period is the period between the end of your last period of full-time studies (high school or post-secondary) and the first day of class for this academic year, **up to a maximum of 18 weeks**. If you were not in school previously, your pre-study period is **the 18 week period** before the first day of your classes for this academic year.

Did you work during your pre-study period? No \_\_\_\_\_ - go to question 1 Yes \_\_\_\_\_ - go to question 2

### 1. Select ( $\checkmark$ ) the statement that applies to you.

. . . . . . . . . . . . . . .

- I had a temporary illness, medical condition, or injury that prevented me from working. Provide a letter indicating the reason that you were unable to work along with documentation from a physician confirming the illness and timeframe involved.
- I stayed at home to care for a relative who requires care due to a disability or medical condition. Provide a letter from the physician indicating that your relative needed daily care and the timeframe involved.
  - I was in full-time studies during the pre-study period. Provide proof from your educational institution.
  - I could not find a job for my pre-study period. Provide a letter detailing your job search efforts.

None of the above statements applied to me. Provide a letter indicating details.

### 2. Pre-Study Period Accommodation

Dur	ing your pre-study period, did you live with your parent?	No		Yes	
lf n	<b>o</b> , indicate where you lived during your pre-study period.				
		City			Province
3.	Indicate your gross income during your pre-study pe	eriod.			
	Employment Earnings <u></u>	I	Employi	ment Insurance Benefits	\$ 

	Ψ			Ψ	
Social Assistance	\$		CPP/QPP Benefits	\$	
Other	\$	► List source			

Services financiers pour étudiants Éducation postsecondaire, Formation et Travail

### www.gnb.ca/postsecondaire



2018

440, rue King C.P. Box 6000 Fredericton Nouveau-Brunswick Canada E3B 5H1 Téléphone : (506) 453-2577 Sans frais: 1 (800) 667-5626 Télécopieur : (506) 444-4333

STUDY PERIOD INCOME						
Do you/will you have any financial resources during your study period? No Yes go to question 4 bel						
4. Indicate your gross income during your study period.						
<ul> <li>How many months will you work during this study period?</li> </ul>		(Total number of months)				
• Estimated monthly study period employment earnings – include all earnings from co-op work term or paid practicum, if applicable	\$	(Monthly)				
Assistantship / Honorarium / Fellowship or Research Grant	\$	(Total for this study period)				
Support payments that you will receive						
Employment Insurance Benefits	\$	(Bi-weekly)				
<ul> <li>Savings, Mutual Funds, stocks &amp; bonds, GICs</li> </ul>	\$	_ (Total for this study period)				
Scholarships / Bursaries	-					
– Source	\$	_				
– Source	\$	_				
Registered Retirement Savings Plan (RRSP) – see NOTE below	<u>\$</u> \$	(Value of RRSP)				
Date left high school YYYY MM DD						
<ul> <li>Educational Trust Funds or Registered Education Savings Plan (RESP)</li> </ul>	\$	_ (Value of Plan)				
Indicate the monthly amount you will receive in Canada or Quebec Pens	sion Plan benefit	S.				
(a) Retirement Pension	\$	(Monthly)				
(b) Due to your parent's disability	\$	(Monthly)				
(c) Survivor's Benefit	\$	(Monthly)				
<ul> <li>Training and Skills Development (TSD) funding</li> </ul>	\$	(Total for this study period)				
Other income not indicated above.						
– Source	\$	(Total for this study period)				
<ul> <li>Note: Report the total value of all RRSPs that are owned by you/your partner, if applicable. A letter detailing the breakdown of all RRSP assets must be submitted to SFS. Include the following details for both you and your partner, if applicable.</li> <li>Lifelong Learning Withdrawals – Value of any Lifelong Learning withdrawals you/your partner has made, or will be making on your behalf, for the period of study for which you are applying.</li> <li>Taxable Withdrawals – Indicate the value of any taxable withdrawals you/your partner has made, or will be making on your behalf, for the period of study for which you are applying.</li> <li>Uncashed RRSPs – Indicate the current market value (principal and interest) of all RRSP accounts owned by you/your partner, if applicable. Do not include any money in a locked-in RRSP (usually the transfer value of pension benefits from a former employer's pension plan).</li> </ul>						
DECLARATION AND REQUIRED SIGNATURE						

I declare that the information provided on this form is accurate and complete. I understand that the information submitted is subject to verification and audit.

Signature of student

Date