Saskatchewan Ministry of Advanced Education, Employment and Immigration

Student Financial Assistance
200 - 3303 Hillsdale Street
Regina SK S4S 6P4
(306) 787-5620
1-800-597-8278
Fax: (306) 787-1608

In the matter of the Saskatchewan Student Aid Fund;
And in the matter of a Loan Application;

Statutory Declaration -
Dependent Children Over 18

File No._____ Social Insurance No._____

I, _____, of _____, _____ ,
Full name of student *City/town/village* *Province*

certify that _____ , is a full-time student at _____
Name of dependent *Name of school*

living with me and is dependent upon me for the following reasons (check all applicable boxes):

- ❑ This dependent has never been married or living in a long-term common-law relationship;
- ❑ This dependent does not have any dependent children;
- ❑ This dependent has not been out of secondary school for four years or more;
- ❑ This dependent has not been in the workforce for two periods of 12 consecutive months.

certify that _____ , is a full-time student at _____
Name of 2nd dependent *Name of school*

living with me and is dependent upon me for the following reasons (check all applicable boxes):

- ❑ This dependent has never been married or living in a long-term common-law relationship;
- ❑ This dependent does not have any dependent children;
- ❑ This dependent has not been out of secondary school for four years or more;
- ❑ This dependent has not been in the workforce for two periods of 12 consecutive months.

certify that _____ , is a full-time student at _____
Name of 3rd dependent *Name of school*

living with me and is dependent upon me for the following reasons (check all applicable boxes):

- ❑ This dependent has never been married or living in a long-term common-law relationship;
- ❑ This dependent does not have any dependent children;
- ❑ This dependent has not been out of secondary school for four years or more;
- ❑ This dependent has not been in the workforce for two periods of 12 consecutive months.

NOTE: If your dependent does not fit into one of the categories listed, provide an explanation for their dependency on you, using the reverse side of this form. Remember to sign and date the form.

And I make this Solemn Declaration conscientiously, believing it to be true, and knowing it is of the same force and effect as if made under Oath and by virtue of the *Canada and Saskatchewan Evidence Acts*.

X _____ _____ *, 20* ____
Signature of Student *Date*