



Ministry of Advanced Education, Employment and Immigration

Saskatchewan Scholarship of Honour

Instructions

1. To be considered for the Saskatchewan Scholarship of Honour, you must be:
 - enrolled in a post-secondary institution anywhere in Canada with a program of study start date **on or after March 2, 2009; and**
 - a returning soldier who served in designated military operations in the Canadian Forces (Regular or Reserves) after January 2001; **and**
 - a returning soldier who is a current or former Saskatchewan resident; **or**
 - the spouse or child of a permanently disabled or deceased soldier who served in military operations after January 2001 and who is or was a Saskatchewan resident.
2. Use this application form to apply for this scholarship. Applications will be received on an ongoing basis.
3. To be considered, applications must include a copy of the information listed below. Incomplete applications will not be considered.
4. This scholarship is a once in a lifetime benefit of \$5,000. A tax slip (T4A) will be issued for income tax purposes.

Attachments to this Application

In addition to the completed application form, a copy of the following documentation is required to support a candidate's application:

- Documentation of service dates;
- Confirmation of Enrolment at a post-secondary institution in Canada; and
- Medical documentation to support disability claim (if applicable).

For more information or to submit your application:

Telephone: 1-800-597-8278 toll-free
(306) 787-5620 in the Regina Area or outside of Canada

Fax: (306) 787-1608
** Please allow two business days before calling to confirm receipt of faxes sent.

Mailing Address: Ministry of Advanced Education, Employment and Immigration
Student Financial Assistance Branch
200 – 3303 Hillside Street
Regina, SK S4S 6P4



Ministry of Advanced Education, Employment and Immigration

Saskatchewan Scholarship of Honour

Returning Canadian Forces Member Application Form

A. Personal Information

Social Insurance Number

Preferred Title Mr. Mrs. Ms. Miss

Name _____
Surname Given Name Initial

Permanent Address

Apartment # Street/Box No.

City/Town Province Postal Code

Mailing Address (For correspondence related to this application, if different from permanent address)

Apartment # Street/Box No.

City/Town Province Postal Code

Telephone

No. () - Cell Phone No. () -
Area Code Area Code

Email address _____

Date of Birth _____
Day Month Year

Posting Start Date _____
Month Year

Service Number (SN)

Posting End Date _____
Month Year

Designated Operation _____

Date and location where you resided in Saskatchewan for a minimum of six consecutive months:

Location: _____ from _____ to _____
Month Year Month Year

B. Post-Secondary Education Information

Name of Institution _____

Program Name _____

Mailing Address _____

Telephone No. (____) _____ - _____
Area Code

Street/Box No. _____

City/Town _____

Province _____

Postal Code _____

Program Type

- | | |
|---|---|
| <input type="checkbox"/> Journeyperson | <input type="checkbox"/> 3 Year Bachelor/Undergraduate Degree |
| <input type="checkbox"/> 1 Year Certificate/Diploma | <input type="checkbox"/> 4 Year Bachelor/Undergraduate Degree |
| <input type="checkbox"/> 2 Year Certificate/Diploma | <input type="checkbox"/> Masters/Ph.D |

Program Start Date _____
Day Month Year

Program End Date _____
Day Month Year

C. Authorization to Release Information

I, _____, authorize the Canadian Forces to release information regarding my
(name – please print)
eligibility for the Scholarship of Honour to the Ministry of Advanced Education, Employment and Immigration.

I, _____, authorize my educational institution to release information regarding
(name – please print)
my post-secondary program to the Ministry of Advanced Education, Employment and Immigration.

D. Application, Understanding and Declaration

I hereby apply to the Saskatchewan Minister of Advanced Education, Employment and Immigration (AEEI) for the Scholarship of Honour.

I understand that the Saskatchewan Scholarship of Honour is a once in a lifetime benefit of \$5,000.

I declare that the information I have provided in this application is complete and accurate to the best of my knowledge as of the date of signing.

Name

Signature

Date