



Student Financial Assistance Services

Department Education and Lifelong Learning

176 Great George Street, Suite 212

PO Box 2000, Charlottetown, PE, C1A 7N8

Tel: (902) 368-4640 / **Fax:** (902) 368-6144

Email: studentloan@gov.pe.ca / www.studentloan.pe.ca

George Coles Award Bursary Appeal Form

Name:	SIN #:	Student ID:
Institution:	Phone #:	Province:
Address:	Postal Code:	Date of Birth:
	Email:	
Name of High School:	Do you have a PEI Student Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Year of Graduation:	Do you have a Student Loan from another Province? If yes, where?	

Reason for Appeal:

This Section Must Be Complete by Student

(Please √ One)

Yes No

Post-Secondary Education Information:

Have you attended post-secondary education at any other institution? If so, where did you attend?		
Have you earned a certificate, diploma or degree from any post-secondary institution? If so, please identify the program and the institution.		
Are you a full-time student?		
Have you been a full-time student for 24 continuous weeks?		

Residency Information:

Are you a student who meets P.E.I.'s residency requirements, as stated in the Provincial Student Loan Criteria (you do not require a student loan to receive this award)? Visit the link below to view the residency requirements: https://www.princeedwardisland.ca/en/information/education-and-lifelong-learning/getting-a-student-loan		
Do you have permanent resident status as defined in the <i>Immigration and Refugee Protection Act</i> . As a requirement, please attach a copy of your status documentation.		
Did you live on PEI for 12 months before your program started?		

Third Party Support:

Are you receiving financial support from any third-party agency or government department such as funding from SkillsPEI's Training PEI program, Department of National Defense, etc.?		
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This Section Must Be Complete by the Institution

YEAR OF STANDING 1 st 2 nd 3 rd 4 th	CREDITS COMPLETED	CREDITS CURRENTLY ENROLLED	
Position of Institution Official	Signature of Institution Official		Date

Declaration and Consent: All the information on this application is true to the best of my knowledge and I understand that providing false or misleading information on this form will result in the disqualification of the application. The educational institution I am attending may provide any information about my academic standing, attendance, awards, accommodations, and financial status to Student Financial Assistance Services with the Department of Education and Lifelong Learning. *Personal information on this form is collected under subsection 32(2) of Prince Edward Island's Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988 c.F-15.01 and will be used for the purpose of programs under Student Financial Assistance Services, PEI Department of Education and Lifelong Learning and with any other Provincial Department as may be necessary to evaluate the submission.* This authorization provides complete authority to collect, use, retain and disclose Personal Information to the extent reasonably necessary in connection with my application under, and my participation in, any Financial Assistance Program.

Student's Name	Student's Signature	Date
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PLEASE RETURN THIS FORM TO YOUR EDUCATIONAL INSTITUTION