



Student Financial Services
 Department of Workforce and Advanced Learning
 176 Great George Street, Suite 212
 PO Box 2000, Charlottetown, PE Canada C1A 7N8
Tel: (902) 368-4640 / **Fax:** (902) 368-6144
Email: studentloan@gov.pe.ca / www.studentloan.pe.ca

MEDICAL RESIDENCY INTEREST RELIEF PROGRAM APPLICATION

If you are in a medical doctor residency program and you currently have a PEI Student Loan, you may qualify for immediate interest relief for the duration of your required residency program. Please complete and return this form by **mail, fax, or in person** to Student Financial Services (contact information above).

Please Print

Name			Social Insurance Number		
Street Address			Main Contact Number		Secondary (cell or work)
City/Town	Province	Postal Code	Email		
Secondary Contact Person (please do not list spouse)			Secondary Contact Number		Secondary (cell or work)
Name of Residency Program			Name of Educational Institution		
Major or Specialty			Name of Hospital or Clinic		
Length of Entire Program			On what date will your entire residency program finish?		

Declaration

I consent to and authorize the disclosure and release by any person, individual, corporation, organization, credit reporting agency, or by any government or government agency (including but not restricted to any foreign, federal or provincial government, department or crown corporation), of any information or documents (including any personal information as defined in the Freedom of Information and Protection of Privacy Act) requested by the Province of Prince Edward Island for any purpose respecting the administration of financial assistance for my benefit by Student Financial Services of Prince Edward Island, or its successors.

I further consent to the Minister of Workforce and Advanced Learning for Prince Edward Island or his/her designate to release to any person, individual, corporation, organization or to any government or government agency (including but not restricted to any foreign, federal or provincial government, department or crown corporation), any information or documents (including any personal information as defined in the Freedom of Information and Protection of Privacy Act) requested by the Province of Prince Edward Island for any purpose respecting the administration of financial assistance.

I declare that the above information is correct to the best of my knowledge and should my academic standing or program change, I agree to notify Student Financial Services immediately.

I agree to allow Student Financial Services to collect additional information about me and exchange information about me with any level of government in Canada and its agencies, educational institutions, and financial institutions.

Date	Applicant's Signature <i>(please sign in ink)</i>
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Please see reverse for important information regarding your application.

PLEASE PROVIDE THE FOLLOWING DOCUMENTATION WITH YOUR APPLICATION:

- ✓ Verification of enrollment in a residency program from your educational institution. Acceptable verification is a copy of your residency contract or a letter from your program administrator. Please ensure the start and end dates of the entire program are specified.
- ✓ Written verification of your Canada Student Loan Balance. Please visit www.canlearn.ca to create an online account where you can print off your loan balance and submit it with your Medical Residency Interest Relief application.
- ✓ Student Financial Services will accept your application by fax, mail, or in person.

PEI Student Financial Services Contact Information:

Mailing Address:

Student Financial Services
Department of Workforce and Advanced Learning
PO Box 2000, Charlottetown, PE C1A 7N8

Phone: (902) 368-4640
Fax: (902) 368-6144
Email: studentloan@edu.pe.ca
Website: www.studentloan.pe.ca

Office Location:

Atlantic Technology Centre
176 Great George Street, Suite 212
Charlottetown, PE

Lender Contact Information:

Mailing Address:

EduInx-PEI
PO Box 1008, Station B
Mississauga, ON L4Y 3W3

National Student Loan Service Centre

PO Box 4030
Mississauga, ON L5A 4M\$
Phone: 1-888-815-4514
Website: www.canlearn.ca

All personal information is collected under the authority of Section 31(c) of the Prince Edward Island Freedom of Information and Protection of Privacy Act RSPEI 1988 Cap.F-15.01 and the Canada Student Financial Assistance Act and Regulations, as it relates directly to and is necessary for the administration of the Prince Edward Island Medical Residency Interest Relief Program and will be used for the determination of financial assistance and for the purposes of determining and verifying eligibility, entitlement for, and the general administration and enforcement of this program. If you have questions regarding the collection of information please contact the Financial Awards Officer with Student Financial Services at PO Box 2000, Atlantic Technology Centre, 176 Great George Street, Suite 212, PO Box 2000, Charlottetown, PE C1A 7N8. Tel: (902) 368-4640, Fax (902) 368-6144.