

Section 1: Personal Information

Name Prefix	Last Name	First Name	Middle Name or Initial
Address (Street No. and Name)		Apt./Suite No.	PO Box
City/Town		Province	Postal Code
Telephone Number (include area code)		Email Address	

Section 2: Confirmation of Extended Society Care Status

Part A

You are eligible for reimbursement of eligible postsecondary application fees under this Program if you:

1. are or were an Ontario child in extended society care (formerly an Ontario Crown ward) (regardless of age, income or adoption status) prior to your eighteenth birthday;
2. have never been granted a postsecondary degree, diploma or certificate in any jurisdiction;
3. have applied to a first full-time approved program(s) of study, as set out in Sections 3 and 4 of this Application that starts in fall 2024 or later; and
4. have incurred eligible postsecondary application fees as set out in Section 5 of this Application

I am or was an Ontario child in extended society care, as described above, at any time prior to my eighteenth birthday. (Please check appropriate box)

- Yes If "yes", you must provide supporting documentation confirming your Ontario child in extended society care (formerly Ontario Crown ward) status. You may either:
- have the Ontario Children's Aid Society (CAS) validate your child in extended society care status directly on the application form in Part B below, or
 - obtain a letter from the Ontario Children's Aid Society (CAS) and attach it to this application. **Please do not submit an extended society care order (formerly a Crown ward order).**
- No Sorry, you are not eligible to receive reimbursement

Part B - CAS Confirmation of Ontario Extended Society Care Status

Name of the Ontario Children's Aid Society (CAS)

Address (Street No. and Name)	City/Town	Province	Postal Code
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I, _____, (print name of CAS official) hereby certify that _____, (print name of applicant) is or was an Ontario child in extended society care (formerly an Ontario Crown ward) (regardless of age or adoption status) at any time prior to his/her eighteenth birthday.

Signature (CAS official*)	Date (yyyy/mm/dd)
Signing official's title	Telephone Number (include area code)

*Staff person (e.g., CAS worker, supervisor or executive director) designated by the CAS to confirm child in extended society care status.

Please do not submit an extended society care order.

Section 3: First Postsecondary Degree, Diploma or Certificate

Please indicate if the following statement applies to you: **“I have been granted a postsecondary degree, diploma or certificate from any jurisdiction.”** Please check appropriate box

Yes Sorry, you are not eligible to receive reimbursement

No

Section 4: Approved Programs of Study

You must have also applied for full-time programs that are approved for student loan purposes through the Ontario Student Assistance Program (OSAP)*

* While most programs offered by Ontario publicly-assisted colleges and universities are approved for student loan purposes, applicants can verify the OSAP eligibility of programs offered by these and other postsecondary institutions by either contacting the postsecondary institution offering the program or through the [OSAP](http://www.ontario.ca/osap) on-line application at www.ontario.ca/osap.

Please indicate if the following statement applies to you. **“I have applied for an approved program of study that starts in fall 2024 or later.”** (Please check appropriate box).

Yes

No Sorry, you are not eligible to receive reimbursement

Section 5: Reimbursement Levels

The Ministry of Colleges, Universities, Research Excellence and Security will provide current and former children in extended society care who have incurred eligible postsecondary application fees with reimbursements for applications in up to two institutional categories (e.g. Ontario colleges and universities). Reimbursement cannot exceed 2026-2027 academic year thresholds that have been established for each category below:

- all application fees charged by the Ontario Universities' Application Centre (OUAC) for up to the five first entry to university program choices.
- all application fees charged by the Ontario Colleges Application Service (OCAS) for up to five college/program choices.
- up to \$100 in application fees charged for approved programs of study offered by Ontario private postsecondary institutions.
- up to \$100 in application fees charged for approved programs of study offered by out-of-province postsecondary institutions.

You can apply for reimbursement in up to two institutional categories with the required supporting documentation.

Please check the appropriate boxes below:

✓	Category	Required Supporting Documentation
<input type="checkbox"/>	Ontario Universities (Ontario Universities' Application Centre, OUAC)	You must attach a payment receipt issued to you for your 2026-27 academic year application by the Ontario Universities' Application Centre. Payment receipts which reflect 2026-27 full-time university choices can be requested from OUAC by e-mail (payments@ouac.on.ca) or by fax 519-823-5232.
<input type="checkbox"/>	Ontario Colleges (Ontario Colleges Application Service, OCAS)	You must attach a copy of the payment receipt that was issued to you for your 2026-27 academic year application by the Ontario Colleges Application Service (OCAS). If required, please contact OCAS at 1-888-892-2228 or 519-763-4725 to obtain a copy of this document.
<input type="checkbox"/>	Ontario Private Postsecondary Institutions	You must attach a copy of the receipt issued by the postsecondary institution for application fees paid to attend a full-time approved program(s) of study in the 2026-27 academic year.
<input type="checkbox"/>	Out-of-Province Postsecondary Institutions	You must attach a copy of the receipt issued by the postsecondary institution for application fees paid to attend a full-time approved program(s) of study in the 2026-27 academic year.

Note: Please submit one application with all supporting documentation to obtain 2026-2027 academic year application fee reimbursement. Should you wish to request reimbursement for 2024-25 or 2025-26 academic year application fees, please complete the 2024-25 or 2025-26 Academic Years Reimbursement Application Form.

Section 6: Directing the Reimbursement to an Ontario Children's Aid Society (CAS) or CAS Foundation

Part A (to be completed by current or former child in extended society care)

Did an Ontario Children's Aid Society (CAS) or CAS Foundation pay your eligible postsecondary application fees for the 2026-27 academic year? (Please check appropriate box)

- Yes The reimbursement will be directed to the Children's Aid Society or CAS Foundation that paid your 2026-27 application fees.
- No

Part B (to be completed by Ontario Children's Aid Society (CAS) or CAS Foundation)

The Children's Aid Society (CAS) or CAS Foundation paid the applicant's eligible postsecondary application fees for the 2026-27 academic year. (Please check appropriate box).

- Yes The reimbursement will be directed to your agency. Please complete and sign the section below.
- No

I, _____, (print name of CAS/CAS Foundation official)

hereby certify that we paid eligible postsecondary application fees as set out in Section 5 of this Application for the 2026-27 academic year on behalf of

_____, (print current or former child in extended society care's name)

Signature (CAS/CAS Foundation official)	Date (yyyy/mm/dd)
Signing official's title	Telephone Number (Include area code)

Name of the Children's Aid Society/CAS Foundation			
Address where the reimbursement should be sent (Street No. and Name)	City/Town	Province	Postal Code

Reimbursement cheque should be made payable to

Section 7: Where to Submit Your Application and Supporting Documentation

Please complete and sign the application form and return it along with supporting documentation for all program choices to the following address:

Ministry of Colleges, Universities, Research Excellence and Security
Financial Sustainability, Performance and Oversight Division
Capital and Financial Accountability Branch
Transfer Payment and Grant Accountability Unit
315 Front Street West, 16th Floor
Toronto ON M7A 0B8
Attention: Tim Colfe
Telephone: 647-202-5964
E-mail: tim.colfe@ontario.ca

Note: When you are submitting documentation to the Ministry, please ensure that your envelope is addressed properly.

Section 8: Notice, Consent, Declaration and Signatures

Notice of Collection of Personal Information

Your personal information provided in connection with this application and any previous applications by you and by a CAS, a CAS foundation, your postsecondary institutions(s), OUAC and OCAS will be used by the Ministry of Colleges, Universities, Research Excellence and Security (MCURES) to administer and finance the Ontario Postsecondary Application Fee Reimbursement Program for Individuals who are/were in Extended Society Care (the Program). Administration includes determining your eligibility for the Program; verifying your application; providing reimbursement to you or a CAS or a CAS foundation; auditing your file and the Program; collecting any overpayments; evaluating and monitoring the Program for quality and improvements in both content and delivery. Administration also includes public reporting on accessibility to postsecondary education. You may be contacted by MCURES or its authorized contractor to ask if you will provide an opinion about the Program, either individually or as part of a group. MCURES will use the services of the Ministry of Public and Business Service Delivery and Procurement (MPBSDP) to issue the reimbursement and may use its contracted collection agencies for collection of overpayments.

MCURES collects information that is necessary to administer and finance the Program in accordance with s. 38 (2) of the *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. F, 31, as amended and s. 10.1 of the *Financial Administration Act*, R.S.O. 1990, c. F.12, as amended. If you have any questions about the collection, use or disclosure of your personal information, contact the Director of the Capital and Financial Accountability Branch, Ontario Ministry of Colleges, Universities, Research Excellence and Security at 315 Front Street West, 16th Floor, Toronto ON M7A 0B8, cfab@ontario.ca.

Applicant's Declaration and Consent

I have read and understood this section. By signing below, I declare that my application is complete and true and give my consent to the indirect collection and disclosure of my personal information between MCURES and a CAS, a CAS foundation, OUAC, OCAS, postsecondary institution(s), MCURES' authorized contractors and MPBSDP and its contracted collection agencies if it is relevant to the administration and financing of the Program. I understand that I can withdraw this consent at any time before I or the CAS or the CAS foundation accept reimbursement under this Program.

Signature of Applicant	Date (yyyy/mm/dd)
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