

Ontario Postsecondary Application Fee Reimbursement Program For Individuals Who Are/Were In Extended Society Care 2024-2025 Academic Year Application for Reimbursement

Section 1: Personal Information							
Name Prefix Last Name			First Name		Middle	Middle Name or Initial	
Address (Street No. and Name)				Apt./Suite No.	РО Вох	(
City/Town		Province	Province		Postal Code		
Telephone Number (include area code) Email Address							
Section 2: Confirmation of Extended Soc	iety Ca	re Status					
Part A							
You are eligible for reimbursement of eligible posts	econdary	/ application fo	ees under this	Program if you:			
are or were an Ontario child in extended socion adoption status) prior to your eighteenth birther.		(formerly an C	Ontario Crown	ward) (regardless of	age, income	or	
have never been granted a postsecondary degree, diploma or certificate in any jurisdiction;							
 have applied to a first full-time approved prog fall 2022 or later; and 		•			lication that	starts in	
 have incurred eligible postsecondary applicat 	ion fees	as set out in S	Section 5 of the	is Application			
I am or was an Ontario child in extended society ca appropriate box)	re, as de	escribed above	e, at any time	prior to my eighteentl	n birthday. (I	Please check	
Yes If "yes", you must provide supporting do Ontario Crown ward) status. You may e		tion confirmin	g your Ontario	child in extended so	ciety care (f	ormerly	
 have the Ontario Children's Aid Soci application form in Part B below, or 	ety (CAS	s) validate you	r child in exte	nded society care sta	tus directly o	on the	
 obtain a letter from the Ontario Child submit an extended society care of 					lease do no	ot	
No Sorry, you are not eligible to receive rein	mbursem	ent					
Part B - CAS Confirmation of Ontario Exten	ded So	ciety Care S	Status				
Name of the Ontario Children's Aid Society (CAS)							
Address (Street No. and Name)		City/Tow	City/Town		Province	Postal Code	
I,		l		, (print name of CA	⊥ S official) he	reby certify that	
·				_ "	ŕ		
was an Ontario child in extended society care (form to his/her eighteenth birthday.	nerly an (Ontario Crown	ward) (regard			f applicant) is or t any time prior	
Signature (CAS official*)				Date (yyyy/mm/dd)			
Signing official's title				Telephone Number (include area code)			
*Staff person (e.g., CAS worker, supervisor or exec	utive dire	ector) designa	ted by the CA	S to confirm child in e	xtended soc	eiety care status.	
Please do not submit an extended society care		. •	•			-	

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04	an 2. First Baston and and	Dawes Dislama or Contificate
	•	Degree, Diploma or Certificate t applies to you: "I have been granted a postsecondary degree, diploma or certificate from
	risdiction." Please check approp	
Ye	es Sorry, you are not eligible to re	eceive reimbursement
No		
	on 4: Approved Programs	•
	nust have also applied for full-time ance Program (OSAP)*	programs that are approved for student loan purposes through the Ontario Student
app	licants can verify the OSAP eligibil	ario publicly-assisted colleges and universities are approved for student loan purposes, ity of programs offered by these and other postsecondary institutions by either contacting the program or through the OSAP on-line application at www.ontario.ca/osap.
	e indicate if the following statemen er." (Please check appropriate box	t applies to you. "I have applied for an approved program of study that starts in fall 2022 ().
Ye		
	Sorry, you are not eligible to rec	
Secti	on 5: Reimbursement Leve	ls
postse univer	econdary application fees with reim sities). Reimbursement cannot exc	will provide current and former children in extended society care who have incurred eligible abursements for applications in up to two institutional categories (e.g. Ontario colleges and ceed 2024-2025 academic year thresholds that have been established for each category below: Ontario Universities' Application Centre (OUAC) for up to the five first entry to university program
	noices.	Ontario Callana Anniisatian Camina (OCAC) fanun ta fina adlama/anaman abaisa
	• •	Ontario Colleges Application Service (OCAS) for up to five college/program choices. ed for approved programs of study offered by Ontario private postsecondary institutions.
-	, ,	ed for approved programs of study offered by out-of-province postsecondary institutions.
	an apply for reimbursement in u	p to two institutional categories with the required supporting documentation. Please
✓	Category	Required Supporting Documentation
	Ontario Universities (Ontario Universities' Application Centre, OUAC)	You must attach a payment receipt issued to you for your 2024-25 academic year application by the Ontario Universities' Application Centre. Payment receipts which reflect 2024-2025 full-time university choices can be requested from OUAC by e-mail (payments@ouac.on.ca) or by fax 519-823-5232.
	Ontario Colleges (Ontario Colleges Application Service, OCAS)	You must attach a copy of the payment receipt that was issued to you for your 2024-25 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.
	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 2024-25 academic year.
	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 2024-25 academic year.
Note:	reimbursement. Should you wis	with all supporting documentation to obtain 2024-2025 academic year application fee sh to request reimbursement for 2022-23 or 2023-24 academic year application fees, 2023-24 Academic Years Reimbursement Application Form.
Secti	on 6: Directing the Reimbu	rsement to an Ontario Children's Aid Society (CAS) or CAS Foundation
Part /	A (to be completed by curren	t or former child in extended society care)
	n Ontario Children's Aid Society (C mic year? (Please check appropria	AS) or CAS Foundation pay your eligible postsecondary application fees for the 2024-25 ate box)
Y		irected to the Children's Aid Society or CAS Foundation that paid your 2024-25
	application fees.	

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Part B (to be completed by Ontario Children's Aid Society (The Children's Aid Society (CAS) or CAS Foundation paid the applicate academic year. (Please check appropriate box).	•	•	fees for the	2024-25			
Yes The reimbursement will be directed to your agency. Please No	e complete and s	ign the section below					
I.		, (print name of CA	S/CAS Fou	ndation official)			
hereby certify that we paid eligible postsecondary application fees as syear on behalf of	set out in Section						
	, (print current	or former child in ext	tended socie	ety 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	1						
Section 7: Where to Submit Your Application and Suppo	orting Docume	entation					
Please complete and sign the application form and return it along with address: Ministry of Colleges and Universities	supporting docu	mentation for all prog	ram choices	s to the following			
Postsecondary Education Division							
Postsecondary Education Policy Branch Funding Policy and System Planning 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, ple	ease ensure tha	t your envelope is a	ddressed p	roperly.			
Section 8: Notice, Consent, Declaration and Signatures		-					
Notice of Collection of Personal Information							
Your personal information provided in connection with this application foundation, your postsecondary institutions(s), OUAC and OCAS will be administer and finance the Ontario Postsecondary Application Fee Resociety Care (the Program). Administration includes determining your reimbursement to you or a CAS or a CAS foundation; auditing your file monitoring the Program for quality and improvements in both content accessibility to postsecondary education. You may be contacted by Mabout the Program, either individually or as part of a group. MCU will uservices (MGCS) to issue the reimbursement and may use its contract MCU collects information that is necessary to administer and finance to	be used by the Mimbursement Pro- eligibility for the leand the Program and delivery. Adn CU or its authorizes the services of ted collection ago	inistry of Colleges and ogram for Individuals of Program; verifying you; collecting any over ninistration also included contractor to ask of the Ministry of Governices for collection of	d Universitie who are/wer ur applicatio payments; e des public re if you will pre ernment and of overpayme	es (MCU) to re in Extended on; providing evaluating and eporting on ovide an opinion d Consumer ents.			
Information and Protection of Privacy Act, R.S.O. 1990, c, F, 31, as an 1990, c. F.12, as amended. If you have any questions about the collection of the Postsecondary Education Policy Branch, Ontario Minis Floor, Toronto ON M7A 0B8, 647-588-4192.	nended and s. 10 ction, use or discl	0.1 of the <i>Financial Ad</i> osure of your persona	dministration al informatio	n Act, R.S.O. n, contact the			
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 MCU and a CAS, a CAS foundation, OUAC, OCAS, postsecondary institution(s), MCU's authorized contractors and MGCS 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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