

Section 1: Personal Information

fix Last Name		First Name		Middle Name or Initial		
et No. and Name)			-	Apt./Suite No.	PO Box	
		Province			Postal Code	
Telephone Number (include area code) Email A		ddress				
	Last Name eet No. and Name)	Last Name	Last Name eet No. and Name) Province	Last Name First Name et No. and Name)	Last Name First Name et No. and Name) Apt./Suite No.	

# 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 2022 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
l,	,	(print name of CAS	S official) he	ereby certify that
		,	(print name	e of applicant) is
or was an Ontario child in extended society care (formerly an O prior to his/her eighteenth birthday.	ntario Crown ward) (regardl	less of age or ado	otion status	) at any time
Signature (CAS official*)	Da	te (yyyy/mm/dd)		
Signing official's title	Те	lephone Number (	include area	a code)
*Staff person (e.g., CAS worker, supervisor or executive director	) designated by the CAS to	confirm child in ex	ktended soc	ciety 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 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 <u>OSAP</u> 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 2022 or later." (Please check appropriate box)

Yes

No Sorry, you are not eligible to receive reimbursement

#### Section 5: Reimbursement Levels

The Ministry of Colleges and Universities 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) in an academic year. Reimbursement cannot exceed 2022-23 and 2023-24 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. If you are applying for two academic years, please make a separate application for each year. Please check the appropriate boxes below:

✓	Category	Required Supporting Documentation
	Ontario Universities (Ontario Universities' Application Centre, OUAC)	You must attach a payment receipt issued to you for your 2022-23 or 2023-24 academic year application by the Ontario Universities' Application Centre. Payment receipts which reflect 2022-23 or 2023-24 full-time university choices can be requested from OUAC by e-mail ( <u>payments@ouac.on.ca</u> ) 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 2022-23 or 2023-24 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 starting in fall 2022 or later.
	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 starting in fall 2022 or later.

# Note: Please submit one application for each academic year with all supporting documentation to obtain application fee reimbursement.

Part A (to be completed by current or former child in exter	nded society ca	ro)			
Please indicate the academic year for which you are applying to have	-		roimburco	d (plagga abag	
one box). If you are applying for a reimbursement in both 2022-23 an with all supporting documentation for each year.					
2022-23 2023-24					
Did an Ontario Children's Aid Society (CAS) or CAS Foundation pay academic year? (Please check appropriate box)	your eligible posts	econdary application f	fees for the	above noted	
Yes The reimbursement will be directed to the Children's Aid Sector 2015	ociety or CAS Fou	ndation that paid your	application	fees.	
No					
Part B (to be completed by Ontario Children's Aid Society	(CAS) or CAS F	oundation)			
The Children's Aid Society (CAS) or CAS Foundation paid the applicate academic year. (Please check appropriate box)	ant's eligible posts	econdary application f	fees for the	above noted	
Yes The reimbursement will be directed to your agency. Please	e complete and sig	n the section below.			
No					
I,	(print name of CAS/CAS Foundation official				
hereby certify that we paid eligible postsecondary application fees as academic year on behalf of					
	, (print curren	t or former child in ext	ended soci	ety care's nam	
Signature (CAS/CAS Foundation official)		Date (yyyy/mm/dd)			
		Date (yyyy/mm/dd)			
Signing official's title		Telephone Number (	include are	-	
			include are	-	
Signing official's title Name of the Children's Aid Society/CAS Foundation Address where the reimbursement should be sent (Street No. and Name)	City/Town		include are	-	
Name of the Children's Aid Society/CAS Foundation Address where the reimbursement should be sent (Street No. and	City/Town			a code)	

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

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 and Universities 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 Phone: 647-202-5964 E-mail: <u>tim.colfe@ontario.ca</u>

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

## **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 and Universities (MCU) 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 MCU or its authorized contractor to ask if you will provide an opinion about the Program, either individually or as part of a group. MCU will use the services of the Ministry of Government and Consumer Services (MGCS) to issue the reimbursement and may use its contracted collection agencies for collection of overpayments.

MCU 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 Postsecondary Education Policy Branch, Ontario Ministry of Colleges and Universities at 315 Front Street West, 16th Floor, Toronto ON M7A 0B8, 647-588-4192.

#### **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)