

status.

Please do not submit an extended society care order.

Ontario Postsecondary Application Fee Reimbursement Program For Individuals Who Are/Were In Extended Society Care 2025-2026 Academic Year Application for Reimbursement

		1-1-			
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	P	rovince		Postal	Code
Telephone Number (include area code)	Email Add	dress			
Section 2: Confirmation of Extended	Society (Care Status			
Part A					
You are eligible for reimbursement of eligible pos	stsecondar	y application fees under	this Program if you:		
are or were an Ontario child in extended sociadoption status) prior to your eighteenth birtle.	• ,	formerly an Ontario Crov	wn ward) (regardless	of age, inc	ome or
2. have never been granted a postsecondary d	egree, dipl	loma or certificate in any	jurisdiction;		
3. have applied to a first full-time approved pro in fall 2023 or later; and	gram(s) of	study, as set out in Sec	tions 3 and 4 of this	Application	that starts
4. have incurred eligible postsecondary applica	ition fees a	s set out in Section 5 of	this Application		
I am or was an Ontario child in extended society check appropriate box)	care, as d	escribed above, at any	time prior to my eigh	teenth birth	day. (Please
Yes If "yes", you must provide supporting (formerly Ontario Crown ward) status.			tario child in extende	ed society c	are
 have the Ontario Children's Aid So application form in Part B below, o 	• •	i) validate your child in e	xtended society care	e status dire	ectly on the
 obtain a letter from the Ontario Chi an extended society care order (• • •	ch it to this application	on. Please	do not submit
☐ No Sorry, you are not eligible to receive re	eimbursem	ent			
Part B - CAS Confirmation of Ontario Ext	ended Sc	ociety Care Status			
Name of the Ontario Children's Aid Society (CAS	S)				
Address (Street No. and Name)		City/Town		Province	Postal Code
l,			, (print name of CAS	official) he	reby certify that
				•	applicant) is or
was an Ontario child in extended society care (for time prior to his/her eighteenth birthday.	ormerly an	Ontario Crown ward) (re			
Signature (CAS official*)			Date (yyyy/mm/dd)		
Signing official's title			Telephone Number (include area code)		
*Staff person (e.g., CAS worker, supervisor or ex	ecutive dire	ector) designated by the	CAS to confirm chile	d in extende	ed society care

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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 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 2023 or later." (Please check appropriate box).
☐ Yes
☐ No Sorry, you are not eligible to receive reimbursement

Section 5: Reimbursement Levels

The Ministry of College 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). Reimbursement cannot exceed 2025-2026 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
	Ontario Universities (Ontario Universities' Application Centre, OUAC)	You must attach a payment receipt issued to you for your 2025-26 academic year application by the Ontario Universities' Application Centre. Payment receipts which reflect 2025-2026 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 2025-26 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 2025-26 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 2025-26 academic year.

Note: Please submit one application with all supporting documentation to obtain 2025-2026 academic year application fee reimbursement. Should you wish to request reimbursement for 2023-24 or 2024-25 academic year application fees, please complete the 2023-24 or 2024-25 Academic Years Reimbursement Application Form.

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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 paracademic year? (Please check appropriate box)	ay your eligible po	stsecondary applica	ation fees f	or the 2025-26		
Yes The reimbursement will be directed to the Children's Aid 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 2025-26 academic year. (Please check appropriate box).						
Yes The reimbursement will be directed to your agency. Ple	ase complete and	sign the section be	elow.			
☐ No						
Ι,	, (pr	rint name of CAS/C	CAS Found	dation official)		
hereby certify that we paid eligible postsecondary application fees as set out in Section 5 of this Application for the 2025-26 academic year on behalf of						
, (print current or former child in extended society care's name)						
Signature (CAS/CAS Foundation official)	Г	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 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 and Universities
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.

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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 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 Public and Business Service Delivery and Procurement (MPBSDP) 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 Capital and Financial Accountability Branch, Ontario Ministry of Colleges and Universities at 315 Front Street West, 16th Floor, Toronto ON M7A 0B8, 647-631-4963.

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 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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