



Financial Assistance for Nunavut Students  
**APPLICATION FOR THE SECOND  
 INSTALLMENT OF THE NEEDS ASSESSED LOAN**

**! IMPORTANT**

IF YOU RECEIVED A NEEDS ASSESSED LOAN FOR THE PREVIOUS SEMESTER, AND YOUR FINANCIAL SITUATION HAS NOT CHANGED, YOU MUST FILL OUT THIS FORM TO RECEIVE YOUR SECOND INSTALLMENT PAYMENT. IF YOUR FINANCIAL SITUATION HAS CHANGED, YOU WILL NEED TO FILL OUT A NEW NEED ASSESSED LOAN FORM. PLEASE FAX BACK THIS FORM TO THE TOLL FREE FANS FAX NUMBER.

**A - PERSONAL INFORMATION**

Last Name	Given Names																				
<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>											<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>										
Social Insurance Number	Health Card Number																				
Telephone (     )	Fax (     )																				
Email Address																					

**B - STATUTORY DECLARATION**

THIS SECTION MUST BE SIGNED IN ORDER FOR YOUR APPLICATION TO BE PROCESSED.

I have read and understand the Declaration and consent below and hereby consent to the following:

1. I certify that my financial situation has not changed since I completed and submitted to FANS my application for a Needs Assessed Loan.
2. I authorize the Department of Education to request information regarding my personal income from any Agency necessary to confirm information given on this application.
3. I authorize the Department of Education to request information regarding my academic progress including education costs and transcripts from the educational institution that I will be attending.
4. I understand that false statements made in this application may result in termination of benefits, recovery of benefits paid and possible legal action.
5. I will notify the Financial Assistance for Nunavut Student Office **immediately** if there is any change in my status, the status of my spouse, or in the number of dependents I am supporting.
6. I declare that all information in this application is correct to the best of my knowledge.

\_\_\_\_\_ Student's signature

\_\_\_\_\_ Date (YYYY-MM-DD)