

In this document, the term “OSAP Loans” refers to full-time student loans issued through the Ontario Student Assistance Program (OSAP).

### **Purpose of this application**

Student loan borrowers are not required to make payments on their OSAP Loans for the first six months after leaving full-time post-secondary studies. This is referred to as the “grace period”. (Example, if you finished full-time studies on April 20, your six-month grace period would end on October 31).

If your grace period has not yet ended and you are working in a paid or volunteer position with an eligible not-for-profit organization in Ontario, you may apply for a six-month extension to your existing grace period.

Note:

Government student loans issued through other provinces/territories are not covered by this benefit.

### **How the six-month extension works**

The benefits of this program are based on when you completed your full-time studies:

#### **If you completed studies on or after September 1, 2019:**

During the six-month grace period extension, no payments will be required on your Ontario Student Loan and the Ontario portion of Canada-Ontario Integrated Loan. Federal government loans issued through OSAP are not covered by this benefit.

Once the six-month grace period extension has ended, payments on your Ontario Student Loan and the Ontario portion of Canada-Ontario Integrated Loan will resume. In addition, any interest that has accrued during the 12-month grace period becomes repayable.

#### **If you completed studies before September 1, 2019:**

During the six-month grace period extension, no payments will be required on your Ontario Student Loan, Canada Student Loan, and Canada-Ontario Integrated Student Loan.

Once the six-month grace period extension has ended, payments on all your full-time OSAP Loans will resume. In addition, any interest that has accrued during the grace period extension will be paid by Ontario.

### **Eligibility requirements:**

To be eligible for the One-Year OSAP Grace Period for Not-For-Profit Employees, you must meet all of the following requirements:

- You left full-time post-secondary studies within the last six months;
- You have existing OSAP Loan(s) that are not currently in repayment status;
- You are currently working in Ontario at least 30 hours per week as a paid and/or volunteer worker at an eligible not-for-profit organization (see next page).

---

**Eligible not-for-profit organizations** are entities that are registered with the Canada Revenue Agency (CRA) as a charity and/or incorporated as a not-for-profit corporation or similar entity with Canada, Ontario or another province or territory of Canada.

The following organizations, which may otherwise fall under the above definition, are excluded from being an eligible not-for-profit organization for purposes of this benefit:

- schools (elementary, secondary, and postsecondary),
- hospitals,
- federal, provincial and municipal governments and their agencies.

Schools and hospitals refer to both public and private institutions.

However, if you are employed by and/or do voluntary work that entirely or mainly involves administering the charitable activities of one of these excluded organizations (e.g., you raise funds or distribute raised funds for the charity or foundation of the organization) for at least 30 hours per week, you are eligible to apply for the one-year OSAP grace period. Other employees of these excluded organizations are not eligible for this benefit.

### **Grace period extension and eligibility for other assistance programs**

If you are approved for the six-month grace period extension, you still may apply for assistance through the Repayment Assistance Plan (RAP) and/or the Severe Permanent Disability Benefit Program at any point after your initial grace period. For further information on these programs, go to the OSAP website at [www.ontario.ca/osap](http://www.ontario.ca/osap).

### **How to complete this form**

There are four sections to this form: A, B, C and D. You complete Sections A, B, and C. Then, give Sections C and D to an authorized representative of the not-for-profit organization you work at. Authorized representatives include a supervisor or manager at the organization. The representative will complete Section D and then return Sections C and D to you.

### **Where to send your completed application**

Submit all sections of your **One-Year OSAP Grace Period for Not-For-Profit Employees** application to the following address:

**National Student Loans Service Centre (NSLSC)**  
**P.O. Box 4030**  
**Mississauga, ON L5A 4M4**

To be considered for the grace period extension, all sections of your completed application must be received by the NSLSC within the six-month period that you left full-time post-secondary studies. The NSLSC will inform you of the outcome of your application within 30 days of its receipt.

### **Questions**

If you have any questions about the One-Year OSAP Grace Period for Not-For-Profit Employees, including the application process, please contact the NSLSC at 1-877-283-1689 (TTY: 1-888-815-4556).

---

**Section A: Applicant's information**

**First name:**

**Last name:**

**Student loan account number or Social Insurance Number:**

**Last month of full-time attendance at a postsecondary school where you received either an OSAP Loan or were approved for Continuation of Interest-Free Status (CIFS) through OSAP.**

Month      Year

**Mailing address**

**Street number and name, rural route, or post office box:**

**Apartment:**

**Street number and name, rural route, or post office box:**

**Province or Territory:**

**City, town, or post office:**

**Postal code:**

**Home telephone number:**

**Alternate telephone number:**

**Email address:**

---

## **Section B: Consents, Declaration and Signature of Applicant**

### **Notice of collection, use and disclosure of personal information**

Your personal information, including your Social Insurance Number (SIN), provided in connection with this application form and any interest or payment relief approved during the one-year grace period on your OSAP Loans will be collected and used by the Ministry of Training, Colleges and Universities (ministry) to administer and finance interest or payment relief under OSAP. Your SIN will be used as a general identifier in administering OSAP. The ministry may use other parties for any of these activities. Under agreement with Employment and Social Development Canada (ESDC), the National Student Loans Service Centre (NSLSC) uses your personal information to administer your OSAP Loans.

Administration includes: determining your eligibility; verifying your application; verifying any interest or payment relief approved; considering any applications for review of determinations relating to your eligibility for interest or payment relief; making interest payments on your behalf; maintaining and auditing your file; assessing and collecting overpayments and repayments; enforcing the legislation set out below and your agreements with the ministry; and monitoring and auditing the NSLSC to ensure that it is administering OSAP appropriately. In addition, administration by the ministry includes public reporting on the administration and financing of student assistance programs; planning, delivering, evaluating and monitoring student assistance programs for quality and improvements in both content and delivery; conducting risk management, error management, audit and quality assessment activities; conducting inspections or investigations; and conducting policy analysis, evaluation, and research related to all aspects of student financial assistance. You may be contacted to participate in surveys related to student assistance programs. Financing includes: planning, arranging or providing funding of OSAP.

The ministry collects your personal information under the authority of the Ministry of Training, Colleges and Universities Act R.S.O. 1990, c.M.19, as amended, O. REG. 70/17, as amended, and O. Reg. 268/01, as amended; s. 10.1 of the Financial Administration Act, R.S.O. 1990, c.F.12, as amended; the Canada Student Financial Assistance Act, S.C. 1994, c. 28, as amended and the Canada Student Financial Assistance Regulations, SOR 95-329, as amended. If you have any questions about the collection or use of this information, contact the Director, Student Financial Assistance Branch, Ministry of Training, Colleges and Universities, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, ON P7B 6G9; (807) 343-7260.

### **Applicant consent to the indirect collection, use and disclosure of personal information**

I agree that the ministry can, without limitation, collect and exchange personal information about me that is relevant to the administration and financing of my interest or payment relief with: NSLSC; other parties used by the ministry to administer and finance OSAP; ESDC; collection agencies operated or retained by the provincial government; and consumer reporting agencies. I agree that the ministry may use my personal information for the administration and enforcement of other applications I make to the ministry for financial assistance and of any OSAP application made by my spouse, any dependent children and/or my parent(s).

I understand that I can withdraw this consent by writing to the Director, Student Financial Assistance Branch, Ministry of Training, Colleges and Universities, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, ON P7B 6G9, at any time before I accept interest or payment relief. I understand that if I withdraw my consent it will affect my eligibility for interest or payment relief.

I understand that if I fail to provide complete and true information the ministry may restrict me from receiving assistance in the future and may take legal action and may require me to repay any interest it paid on my behalf. I further understand that it is an offence to knowingly provide false information for the purpose of obtaining or receiving OSAP assistance. If convicted, I may be liable for a fine of up to \$25,000 and one year in prison.

---

**Applicant's declaration**

- I have given complete and true information on and in connection with this application.
- I am currently working in Ontario at least 30 hours per week as a paid and/or volunteer worker at an eligible not-for-profit organization.
- I understand that if I fail to provide complete and true information the ministry may restrict me from receiving assistance in the future and may take legal action and may require me to repay any interest it paid on my behalf. I further understand that it is an offence to knowingly provide false information for the purpose of obtaining or receiving OSAP assistance. If convicted, I may be liable for a fine of up to \$25,000 and one year in prison.
- I understand that if I am approved for the six-month grace period extension, I still may apply for assistance through the Repayment Assistance Plan (RAP) and/or the Severe Permanent Disability Benefit Program at any time after the end of my initial grace period.

I have read and understood this section, including the notice of collection, use and disclosure of my personal information. My signature attests to my consent to the indirect collection, use and disclosure of my personal information and that my declaration is complete and true.

**Signature****Date**

Day    Month    Year

--	--	--	--	--	--	--	--	--	--

---

## Section C: Applicant's details

Applicant's first name:

Applicant's last name:

## Section D: Not-For-Profit Organization Information and Attestation

### Instructions to authorized representative of the Not-for-Profit organization:

The applicant listed in Section C is applying for a One-Year OSAP Grace Period for Not-for-Profit Employees. The information you provide in Section D is required to support their application.

Complete this form only if you are an authorized representative of the not-for-profit organization where the applicant works. Authorized representatives include a Manager, Supervisor or higher reporting authority.

Once you have completed the information requested and have signed the declaration, return Sections C and D to the applicant.

### Organization details

Full name of organization (This means both legal name and, if relevant, the operating or business name)

Street number and name, rural route, or post office box:

Street number and name, rural route, or post office box:

City, town, or post office:

Province:

Postal code:

Telephone number:

Registered Charity Number (if organization is a Registered Charity):

Not-For-Profit Corporation Number (if organization is not a Registered Charity):

or

---

**Applicant's details**

1. Does the applicant in Section C work at least 30 hours per week in a paid and/or volunteer position for this organization?

Yes

No

2. Is this organization a school (elementary, secondary, or postsecondary), hospital, government or government agency?

Yes

No

3. If you answered Yes to Question 2, does the work performed by the applicant entirely or mainly involve administering the charitable activities of the organization (e.g. raising funds or distributing raised funds)?

Yes

No

I confirm that I am authorized to complete this attestation on behalf of the above organization. I attest that the information provided in Section D is complete and true.

**Authorized representative's name (first and last):**

**Authorized representative's position in the organization:**

**Signature of authorized representative:**

**Date:**

Day    Month    Year

--	--	--	--	--	--	--	--	--	--