Purpose
Use this form to apply for accommodation for the 30% Off Ontario Tuition Grant (Grant) if you were unable to meet the eligibility requirement based on when you completed high school. Apply for accommodation if you were unable to attend 4 years of full-time postsecondary studies since completing high school (or 6 years of full-time studies if you have a permanent disability) due to one of the following reasons:

• Disability: You had a medical condition or disability-related leave such as hospitalization, treatment program, relapse or injury.
• Care of Dependent Child(ren): You provided care to a dependent child(ren).
• Care of Spouse or Parent: You provided care to a dependent spouse or parent because of a medical condition or disability.

You must still apply for and meet all other eligibility requirements for the Grant. Go to www.ontario.ca/osap for further details.

Required Documents
You must attach an explanation outlining your reason(s) for not attending full-time postsecondary studies for the time period(s) in question along with documentation to support the reason(s). See Section C for complete details.

Where to Send this Application
Send this application and all supporting documentation to the ministry at the following address:

   Attn: 30% Off Ontario Tuition Grant Accommodation Application
   Director, Student Financial Assistance Branch
   PO Box 4500
   189 Red River Road, 4th Floor
   Thunder Bay, ON P7B 6G9

Deadline
This application and all supporting documentation must be received at the address indicated above no later than 60 days before the end of your 2016-2017 study period.

Questions
Contact the 30% Off Ontario Tuition Grant Hotline at 1-888-449-4478. This service is available Monday to Friday, 8:30 AM – 4:30 PM (Eastern Time Zone).
2016-2017 Application for Accommodation:
30% Off Ontario Tuition Grant

Section A: Student’s Information

Social Insurance Number: ______________________
Ontario Education Number (OEN), if assigned: ______________________

Last name: ______________________
First name: ______________________

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 state: ______________________
City, town, or post office: ______________________
Postal code or zip code: ______________________
Country: ______________________
Area code and telephone number: ______________________

Information about Your School and Current Study Period

What is the name of the school you plan to attend or are currently attending for your 2016-2017 study period?

Student number: ______________________

What are the start and end dates of your 2016-2017 study period?

From: ______________________
To: ______________________

Month Year Month Year

For the above study period, what type of financial aid have you applied for?

☐ OSAP for Full-Time Students
☐ Application for 30% Off Ontario Tuition

April 13, 2016
Section B: Education History

When did you last attend high school on a full-time basis?

Month     Year

Have you ever taken full-time postsecondary studies?

☐ Yes – list the schools you attended below.

☐ No

Name of postsecondary school:

From:     To:

Month     Year     Month     Year

Name of postsecondary school:

From:     To:

Month     Year     Month     Year

Name of postsecondary school:

From:     To:

Month     Year     Month     Year

Section C: Accommodation Details

Select the reason(s) you were unable to attend full-time postsecondary studies:

☐ Disability: You had a medical condition or were on a disability-related leave such as hospitalization, treatment program, relapse or injury.

Required documentation:

• A letter from you providing complete details on why this prevented you from attending full-time postsecondary studies, AND

• A letter from your physician or other regulated health professional verifying that you had a medical/disability-related condition and indicating the reason(s) how this condition prevented you from attending full-time postsecondary studies and the time period that this condition prevented you from attending full-time postsecondary studies. This letter must include contact information for the health care provider.

☐ Care of Dependent Child(ren): You provided care to a dependent child(ren).

Required documentation:

• A letter from you providing complete details on why this prevented you from attending full-time postsecondary studies, AND

• Proof of your child’s date of birth (copy of birth certificate or statement of live birth), AND

• If your child is over 1 year old: documentation from your child’s physician or other regulated health professional indicating the nature of your child’s condition, including the nature and amount of care required (e.g., during a typical week), the time period that this care was required and the amount of the required care that fell under your responsibility. This letter must include contact information for your child’s health care provider.

☐ Care of Spouse or Parent: You provided care to a dependent spouse or parent with a medical condition or disability.

Required documentation:

• A letter from you providing complete details on why this prevented you from attending full-time postsecondary studies, AND

• A letter from your spouse’s or parent’s physician or other regulated health professional indicating the nature of your spouse/parent’s condition that required care, including the nature and amount of the care required (e.g., during a typical week), the time period that this care was required and the amount of the required care that fell under your responsibility. This letter must include contact information for your spouse’s or parent’s health care provider.

April 13, 2016
List the time period(s) that you were unable to attend full-time postsecondary studies due to the reason(s) selected on the previous page. If you need additional space, provide the information in a separate letter and attach it to this application.

From:  
Month  Year  

To:  
Month  Year  

From:  
Month  Year  

To:  
Month  Year  

Information about Your Dependent Family Member
If you provided care to your dependent child, spouse, or parent, provide their name and date of birth below. If you are listing someone over the age of 16, they must also provide their consent in Section D.

Last name:  

First name:  

Date of birth:  
Month  Day  Year  

Dependent family member’s relationship to you:  

☐ Your child  
☐ Your spouse  
☐ Your parent  

Section D: Notice, Declarations and Consent

Collection and Use of Personal Information
Your personal information provided in connection with this application will be used by the Ministry of Training, Colleges, and Universities (the “ministry”) to administer the 30% Off Ontario Tuition Grant (Grant), under the authority of the Ministry of Training, Colleges, and Universities Act, O. Reg. 118/07 and the Financial Administration Act. The ministry may use third parties to administer the Grant.

Administration includes: determining the applicant’s eligibility for the Grant and any accommodation; verifying the information provided in conjunction with this application; maintaining and auditing the applicant’s Grant file; enforcing the legislation set out above and the applicant’s agreements with the ministry; planning, delivering, evaluating, and monitoring the Grant for program quality and improvements in both content and delivery; public reporting on the administration and financing of student assistance programs including this grant and accessibility to postsecondary education; conducting risk management; error management, audit and quality assessment activities; conducting research and surveys related to postsecondary education and training, including all aspects of the Grant.

If you have any questions about the collection, use and disclosure of your personal 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.
2016-2017 Application for Accommodation: 30% Off Ontario Tuition Grant

Student’s Declaration and Consent

• I have given complete and true information on this application and I agree to provide any additional supporting documentation that the ministry may require.
• I understand that the information I provide may be verified and audited and, for these purposes, I agree that the ministry can collect relevant personal information about me from any third parties identified (including my former or current postsecondary school) on this application and in all other communications related to this application.
• I understand that the ministry may need to contact the physician or other regulated health professional who completed any medical documentation in connection with this application for the purposes of determining my eligibility for an accommodation for the Grant. For these purposes, I authorize the physician or other regulated health professional who provided documentation to discuss with employees or auditors of the ministry anything related to this application for an accommodation, including my personal health information within the meaning of the Personal Health Information Protection Act, 2004.

I have read and understand this application, including the Notice of Collection and Use of Personal Information, and I consent to the indirect collection, use, and disclosure of my personal information.

Signature of Student: __________________________ Date: ____________

Consent and Declaration of Dependent Spouse, Parent, or Child (16 years of age or older)

• I understand that information about my medical condition is relevant to the determination of the student’s eligibility for an accommodation, and I have given complete and true information on this application. I agree to provide any additional supporting documentation that the ministry may require.
• I understand that the ministry may need to contact the physician or other regulated health professional who provided information about my medical condition in connection with this application for the purposes of determining the student’s eligibility for an accommodation for the Grant. For these purposes, I authorize the physician or other regulated health professional who provided documentation to discuss with employees or auditors of the ministry anything related to this application, including my personal health information within the meaning of the Personal Health Information Protection Act, 2004.

I have read and understand this application, including the Notice of Collection and Use of Personal Information, and I consent to the indirect collection, use, and disclosure of my personal information.

Signature of Dependent Spouse, Parent, Child or Authorized Representative: __________________________ Date: ____________

Note regarding Authorized Representation

If this application is being signed by someone who has the legal authority to act on behalf of the dependent spouse, parent or child, they must provide proof of their legal authorization (i.e., power of attorney) with this application.