

# A APPEAL DISQUALIFICATION OF EDUCATION ASSISTANCE PAYMENT(S)



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To appeal the disqualification of your Education Assistance Payment(s), please complete the application below.

RESP AGREEMENT NUMBER(S):			
(Mr./Mrs./Ms.) STUDENT NAME	SIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
ADDRESS	CITY	PROVINCE	POSTAL CODE
EMAIL	HOME PHONE		

**In order to qualify for an EAP:**

- The student must be currently enrolled at a recognized post-secondary institution and program or has completed their program within the last 6 months. See [knowledgefirstfinancial.ca](http://knowledgefirstfinancial.ca) for details.
- The student must receive their first EAP by December 31 in the year that they turn 22 years of age.

Please note, to comply with the *Income Tax Act* (ITA), Knowledge First Financial limits the amount that is paid to a student to \$5,000 for the first 13 weeks of study in a full-time program or \$2,500 for each 13 weeks of study in a part-time program.

**Important Note:** The Appeal Committee will review your appeal and will notify you of their decision in writing within 60 calendar days.

**1 WHAT IS THE REASON FOR YOUR APPEAL?**

Check all boxes that apply:

<b>Missed Deadline</b>	<b>EAP Denied</b>	
<input type="checkbox"/> Didn't receive the forms/moved	<input type="checkbox"/> Took time off from school	<input type="checkbox"/> Compulsory military service
<input type="checkbox"/> Didn't understand the form requirements or deadline	<input type="checkbox"/> Attended part-time studies	<input type="checkbox"/> Religious mission
	<input type="checkbox"/> Illness or disability	

Please attach school transcripts, medical or other documentation that supports compulsory military service or two-year religious mission.

**2 EDUCATION ASSISTANCE PAYMENT OPTIONS.** You must select option 1 or 2.  
If the Appeal Committee has reviewed your appeal and has approved a reinstatement of your EAPs, please select one of the following two options for your EAP.

**OPTION 1 - APPLY FOR AN EDUCATION ASSISTANCE PAYMENT.** Complete the following two questions and sections 3 and 4 below.

Have you attended a post-secondary institution for a minimum of 13 consecutive weeks during the last 12 months?  Yes  No

Are you a Canadian resident for tax purposes? To qualify as a Canadian resident for tax purposes, you must live at or maintain a physical residence in Canada for at least 180 days in a given calendar year.  Yes  No

To receive your EAP via direct deposit: 1. Please attach your pre-printed personal void cheque or a New Direct Deposit/Pre-authorized Transaction form available at your financial institution.  
OR 2. Use Existing Banking Information.  This is my authorization to use the existing banking information on file.

**OPTION 2 - DELAY EDUCATION ASSISTANCE PAYMENT FOR ONE YEAR.** Complete section 4 below.

**3 VERIFICATION OF ENROLMENT – PART A**  
Complete Part A and attach your proof of enrolment (confirmation of enrolment or enrolment letter) dated within six (6) months.  
If you do not have proof of enrolment, the registrar must complete Part B.

CURRENT YEAR OF STUDY:  Year 1  Year 2  Year 3  Year 4  CEGEP I  CEGEP II  CEGEP III  
Co-Op Program:  Academic Term  Work Term

EDUCATION INSTITUTION	PROGRAM NAME		
PROGRAM TYPE: <input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate	ATTENDANCE: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
PROGRAM LENGTH (YEARS)	ACADEMIC YEAR (WEEKS OF STUDY)	ACADEMIC TERM START DATE Y Y Y Y M M D D	PROGRAM END DATE Y Y Y Y M M D D

**VERIFICATION OF ENROLMENT – PART B**

INSTITUTION AND REGISTRAR'S INFORMATION (ALL FIELDS **MUST** BE COMPLETED)

INSTITUTION NAME: _____	<b>INSTITUTION SEAL/STAMP MUST BE AFFIXED HERE</b>
NAME OF OFFICIAL: _____	
SIGNATURE: _____	
TELEPHONE: _____ DATE: Y Y Y Y M M D D	
COMMENTS:	

**4 STUDENT AUTHORIZATION**

Please sign and date the application.

STUDENT SIGNATURE	DATE Y Y Y Y M M D D
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By signing this application, I confirm the above information is correct. I provide my consent to the registrar to release my post-secondary information as requested above.