

Tuition Waiver Request for Public PSIs

Tuition Waiver Request Form

Date: _____ For the semester starting: _____

Student's Name: _____

*List all known names, including full legal name. Only listed names can be searched.

Student's email address: _____

Social Insurance Number: _____

(Any Tuition Waiver payment is considered a taxable benefit by the Canada Revenue Agency.)

Date of Birth: _____

Post-Secondary Institution Name _____

I understand that (**Institution Name** _____) will disclose that I want to access the **Provincial Tuition Waiver Program** to the **Ministry of Advanced Education, Skills & Training** (AEST), who will then request information from the **Ministry of Children and Family Development** (MCFD) in order to confirm my status as a former child/youth in care or my status in an out of care order/agreement as defined by the *Child, Family, and Community Service Act*; and/or the **Ministry of Social Development and Poverty Reduction** (SDPR) in order to confirm my status in the Child in Home of Relative Program. I understand that MCFD and/or SDPR will release the information as it relates to my eligibility for the Provincial Tuition Waiver Program to AEST, who provides the funding for this program. I understand that this information will be used to determine eligibility for the Provincial Tuition Waiver Program, based on the criteria below.

The **Provincial Tuition Waiver Program** for former youth in care will cover the tuition for BC students who are at least 19 years of age but not yet 27 years of age, attending a **BC public post-secondary institution** and who meet at least one of the following criteria:

- Have received care from MCFD or a Delegated Aboriginal Agency (DAA) through the *Child, Family and Community Service Act* for a minimum of twenty-four months (consecutive or accumulated) in any, or a combination, of the following categories:
 - **Interim Custody Order** pursuant to sections 35(2)(a), 36(3)(b)(ii) of the Act
 - *A protective order in which the court has assigned interim custody of the child to the Director of Child Welfare (the Director).*
 - **Temporary Custody Order** pursuant to sections 41(1)(c), 42.2(4)(b) of the Act
 - *A protective order in which the court has assigned custody of the child to the Director on a temporary basis.*
 - **Continuing Custody Order** pursuant to sections 41(1)(d), 42.2(4)(d) or (7) or 49(4), (5) or 10(a) of the Act
 - *A protection order in which the court has assigned permanent custody of the child to the Director.*
 - **Special Needs Agreement** pursuant to section 7 of the Act

- *A parent of a child with special needs may voluntarily and temporarily agree to place the child in the care of the Director.*
- **Voluntary Care Agreement** pursuant to section 6 of the Act
 - *A parent voluntarily and temporarily places the child in the care of the Director*
- **Youth Agreement** pursuant to section 12.2 of the Act
 - *The Director enters into an agreement with a youth (ages 16 – 19) who needs assistance to live independently and cannot be re-established with family.*
- **Extended Family Plan** pursuant to section 8 of the Act
 - *A parent voluntarily and temporarily places the child in the care of an adult who has an established familial, relational, or cultural connection to the child.*
- **Interim Custody Order** pursuant to section 35(2)(d) of the Act
 - *A protection order in which the court has assigned interim custody of the child to an adult, other than a parent, who has an established familial, relational, or cultural connection to the child.*
- **Temporary Transfer of Custody** pursuant to section 41(1)(b) or 42.2(4)(c) of the Act
 - *A protection order in which the court temporarily places the child in the custody of an adult, other than a parent, who has an established familial, relational, or cultural connection to the child.*
- **Permanent Transfer of Custody Order** pursuant to section 54.01 or 54.1 of the Act
 - *An order in which the court permanently places the child in the custody of an adult, other than a parent, who has an established familial, relational or cultural connection to the child.*

Or

- Have lived in the home of a relative, through the **Child in Home of Relative** program of the Ministry of Social Development and Poverty Reduction.

This form will need to be completed for each post-secondary institution attended.

_____ Date: _____
Signature of Student

_____ Date: _____
Signature of Institution Representative

Print Name of Institution Representative

100 West 49th Ave. Vancouver, BC V5Y 2Z6

Post-Secondary Institution Address

Collection Notice

Your personal information is collected and disclosed by the post-secondary institution you are attending, to the Ministry of Advanced Education, Skills & Training, the Ministry of Children and Family Development, and the Ministry of Social Development and Poverty Reduction under sections 26(c), 26(e), 27(1)(a)(i) and 27(1)(c)(iii) of the *Freedom of Information and Protection of Privacy Act (FOIPPA)* in order to provide you a financial benefit. The information you submit may also be used for research related to this program. If you have any questions about the collection, use or disclosure of your personal information you may contact: Director, Tuition Waiver Program, Ministry of Advanced Education, Skills & Training, PO Box 9173, Victoria, BC, V8W 9H7, Phone: 250 387-6616