

Permanent Disability Benefit Application For Loan Forgiveness

Social Insurance Number: _____ **Student Assistance File#** _____

Last Name: _____ **First Name:** _____

Mailing Address: Street Address or P.O. Box _____

City/Town _____ **Province/State/Country** _____

Postal Code _____ **Area Code and Telephone Number** _____

E-Mail: _____

Have you received a Canada Student loan(s)? YES/NO
If yes, for which academic year(s)? _____

Have you received a Nova Scotia Student Loan(s)? YES/NO
If yes, for which academic year(s)? _____

Have you applied to have your Federal Student Loan forgiven? YES/NO
If yes, when was your loan forgiven? _____

→ Please send a copy of your loan forgiveness approval letter from the Canada Student Loans Program and this application to the Nova Scotia Student Assistance Office. Our mailing address is:

Department of Labour and Advanced Education
Student Assistance Office
PO Box 2290, Halifax Central
Halifax NS B3J 3C8

Student Signature: _____ **Date:** _____