

Notice of Collection of Personal Information

In accordance with the Freedom of Information and Protection of Privacy Act (Ontario) and with University Policy ADM-118, your personal information is collected under the authority of Saint Paul University Act, 1965. Your personal information provided on this application form, in the required documentation and in all other communications related to your application and awarding of a scholarship and/or financial aid will be used by Saint Paul University to assess, award, administer and finance all aspects of the scholarship and/or financial aid, for institutional planning and statistics, and for other related purposes. If you are successful in obtaining a scholarship and/or financial aid, the University may disclose your name, program, faculty, year of study and amounts obtained to the donor and/or make this information available publicly by posting it on the University's website.

If you have questions about the collection, use and disclosure of your personal information, please contact Saint Paul University Financial Aid and Awards Service at financialaid@ustpaul.ca. For general questions about privacy, see Saint Paul University Policy ADM-118 or contact the the Office of the Secretary General at 613-236-1393 ext.2830 or sec_gen@ustpaul.ca.

U.S. STUDENT INFORMATION SHEET

LAST NAME		FIRST NAMES		MIDDLE NAMES		STUDENT NO.	
DATE OF BIRTH	YEAR	MONTH	DAY	SOCIAL SECURITY NUMBER (US)	SOCIAL INSURANCE NUMBER (CANADIAN)		
CITIZENSHIP <input type="checkbox"/> AMERICAN <input type="checkbox"/> DUAL AMERICAN / CANADIAN <input type="checkbox"/> OTHER, SPECIFY:				I HOLD A <input type="checkbox"/> STUDENT VISA <input type="checkbox"/> DIPLOMATIC VISA			
US ADDRESS		NO. AND STREET		CITY			
STATE		COUNTRY		ZIP CODE			
TEL. NO.		E-MAIL ADDRESS					
CANADIAN ADDRESS		NO. AND STREET		CITY			
PROVINCE		COUNTRY		POSTAL CODE			
TEL. NO.		UOTTAWA EMAIL					

ACADEMIC INFORMATION			
I AM OR WILL BE ENROLLED FULL-TIME FOR THE FOLLOWING TERMS		YEAR	YEAR
<input type="checkbox"/> FALL (SEPT. - DEC.)	<input type="checkbox"/> WINTER (JAN. - APRIL)	<input type="checkbox"/> SUMMER (MAY-AUGUST)	
		2 0 2 2	2 0 2 3
<input type="checkbox"/> BACHELOR DEGREE	<input type="checkbox"/> MASTER'S DEGREE	<input type="checkbox"/> Ph.D. DEGREE	
YEAR(S) OF STUDY		DATE OF EXPECTED GRADUATION	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		YEAR	MONTH DAY

FUNDING INFORMATION	
I AM REQUESTING A TOTAL AMOUNT OF \$ IN FUNDING, CONSISTING OF THE FOLLOWING PROGRAMS FOR THE 2022-2023 ACADEMIC YEAR.	
<input type="checkbox"/> DEPENDENT STUDENT	<input type="checkbox"/> SUBSIDIZED DIRECT LOAN <input type="checkbox"/> UNSUBSIDIZED DIRECT LOAN <input type="checkbox"/> PARENTAL PLUS LOAN (DEPENDENT STUDENT ONLY)
<input type="checkbox"/> INDEPENDENT UNDERGRADUATE STUDENT	<input type="checkbox"/> PRIVATE LOAN <input type="checkbox"/> OTHER:
<input type="checkbox"/> GRADUATE OR PROFESSIONAL STUDENT	<input type="checkbox"/> UNSUBSIDIZED DIRECT LOAN <input type="checkbox"/> GRADUATE PLUS LOAN <input type="checkbox"/> PRIVATE LOAN <input type="checkbox"/> OTHER:

ENTRANCE COUNSELLING	
I HAVE COMPLETED THE ENTRANCE COUNSELLING FOR THE FOLLOWING PROGRAM(S): <input type="checkbox"/> DIRECT LOAN <input type="checkbox"/> DIRECT PLUS LOAN	

INCOME INFORMATION	
PLEASE INDICATE THE AMOUNT OF INCOME YOU EXPECT TO RECEIVE FROM THE UNIVERSITY OF OTTAWA DURING THE STUDY PERIOD AND PROVIDE SUPPORTING DOCUMENTATION. I AM EXPECTING THE FOLLOWING:	
<input type="checkbox"/> AWARDS \$	<input type="checkbox"/> TA \$ <input type="checkbox"/> SCHOLARSHIP \$ <input type="checkbox"/> RA \$

COST INFORMATION	
PLEASE CONFIRM THE COST FOR ONE RETURN TRIP TO YOUR PERMANENT ADDRESS: \$ (CDN) PER RETURN TRIP	
PLEASE CONFIRM YOUR HOUSING ARRANGEMENTS: <input type="checkbox"/> STANDARD RESIDENCE <input type="checkbox"/> APARTMENT STYLE RESIDENCE <input type="checkbox"/> OFF-CAMPUS HOUSING	

GENERAL APPLICATION PROCESS

To be considered for a Direct William D. Ford loan you must:

1. Complete a Free Application for Federal Student Aid (FAFSA) • <https://studentaid.gov/>. Saint Paul University's Federal code is G10221. The information collected through this application will be used by the US Department of Education to calculate the Expected Family Contribution (EFC).
2. Complete the appropriate Master Promissory Note(s) • <https://studentaid.gov/mpn/>
3. Complete the US Student Information Form and forward it to the following address:
**Saint Paul University, Financial Aid and Awards Service
223 Main Street, Ottawa (Ontario) K1S 1C4 Canada**
4. Students who are first time borrowers of Direct Stafford loans must complete Entrance Counselling • <https://studentaid.gov/entrance-counseling/>. Students who have already completed Entrance Counselling through the US Department of Education website will be considered to have completed this requirement.
5. Once the Financial Aid and Awards Service has processed your application, a visa letter indicating your loan eligibility will be mailed to your U.S.A. mailing address.

I _____ hereby authorize the Financial Aid and Awards Service to contact me via email concerning all pertinent information relating to the administration and processing of my Direct Student Loans or my Private Loans/Bursaries.

YEAR MONTH DAY SIGNATURE (STUDENT)

Financial Aid and Awards Service

223 Main Street, Ottawa (Ontario) K1S 1C4
Tel.: 613-236-1393 | Fax: 613-751-4033 | financialaid@ustpaul.ca