

Important: Completing and sending this form does not constitute the filing of an exceptional case application. Please refer to the document *Exceptional Case Application Guide* available on our Web site at www.afe.gouv.qc.ca to find out which documents you must enclose with your application.

Last name Permanent code assigned by the Ministère

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First name

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Important: You must ensure that the income reported in the 2010-2011 Application for Financial Assistance form corresponds to that reported in this budget.

Income

Enter the amounts requested, rounded off to the nearest dollar, or enter "0" (zero), if applicable.

A - Gross Employment Income or Net Business or Self-Employment Income

	January 1, 2010, to April 30, 2010	May 1, 2010, to August 31, 2010	September 1, 2010, to December 31, 2010	January 1, 2011, to April 30, 2011	May 1, 2011, to August 31, 2011	
Gross income relating to employment, an election or a practicum	\$		\$		\$	
Retirement or pension benefits(QPP, CPP, public plan or private plan)	\$		\$		\$	
Net business or self-employment income	\$		\$		\$	
Employment insurance benefits from Human Ressource and Skills Development Canada (HRSDC)	\$		\$		\$	
Emploi-Québec training allowance	\$		\$		\$	
Income replacement benefits from the CSST and the SAAQ	\$		\$		\$	
Benefits received under the Québec Parental Insurance Plan	\$		\$		\$	
Subtotal A:	\$		\$		\$	

B - Financial Resources Other Than Employment Income

Orphan's pension, pension for a disabled person's child, surviving spouse's pension (QPP/ CPP) death, benefits in the form of a pension (SAAQ) and pension paid for a child of a crime victim (CSST)	\$		\$		\$	
Withdrawal from an RRSP or an RESP	\$		\$		\$	
Support payments received	\$		\$		\$	
Investment and interest income	\$		\$		\$	
Social assistance benefits or social solidarity benefits from the Ministère de l'Emploi et de la Solidarité sociale	\$		\$		\$	
Loans and bursaries (Aide financière aux études)	\$		\$		\$	
Other scholarships and bursaries (including those from another province or country)	\$		\$		\$	
Family allowance payments and child tax benefits	\$		\$		\$	
Financial support (other than that provided by your parents or spouse)	\$		\$		\$	
Subtotal B:	\$		\$		\$	
- TOTAL INCOME (A+B)	\$		\$		\$	

C - Details on Financial Resources

Investments (please specify) _____ \$ _____

Amount of credit line granted by your financial institution (excluding credit cards) \$ _____

Amount of credit line used (excluding credit cards) \$ _____

Expenses

Expenses

Enter the amounts requested, rounded off to the nearest dollar, or enter "0" (zero), if applicable.

May 1, 2010, to August 31, 2010 September 1, 2010, to December 31, 2010 January 1, 2011, to April 30, 2011 May 1, 2011, to August 31, 2011

Educational expenses:

Tuition fees	\$				\$				\$				\$			
Books, supplies, etc.	\$				\$				\$				\$			
Computer	\$				\$				\$				\$			

Housing:

Rent <input type="checkbox"/> Room and board <input type="checkbox"/>	\$				\$				\$				\$			
Mortgage payments	\$				\$				\$				\$			
Taxes and insurance	\$				\$				\$				\$			
Heating and electricity	\$				\$				\$				\$			
Telephone, Internet, cable, pager and cell phone	\$				\$				\$				\$			

Food:

Groceries, meals outside the home	\$				\$				\$				\$			
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Transportation:

Public transit <input type="checkbox"/> Taxi fares <input type="checkbox"/>	\$				\$				\$				\$			
Car payments <input type="checkbox"/> Parking <input type="checkbox"/>	\$				\$				\$				\$			
Gas, repairs and car insurance	\$				\$				\$				\$			

Health:

Dentist	\$				\$				\$				\$			
Medication <input type="checkbox"/> Optometry <input type="checkbox"/>	\$				\$				\$				\$			
Other. Please specify: _____	\$				\$				\$				\$			

Other:

Sports (including equipment) <input type="checkbox"/> Outings <input type="checkbox"/>	\$				\$				\$				\$			
Clothing and dry-cleaning	\$				\$				\$				\$			
Payments on debts. Please specify: _____	\$				\$				\$				\$			
Other. Please specify: _____	\$				\$				\$				\$			

Child-related expenses:

Clothing	\$				\$				\$				\$			
Educational expenses	\$				\$				\$				\$			
Childcare expenses	\$				\$				\$				\$			
Sports <input type="checkbox"/> Cultural activities <input type="checkbox"/>	\$				\$				\$				\$			
Health care. Please specify: _____	\$				\$				\$				\$			
Other. Please specify: _____	\$				\$				\$				\$			

TOTAL EXPENSES:

\$					\$				\$				\$			
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Income (from September 1, 2010, to August 31, 2011)

(Do not include income earned from January 1, 2010, to August 31, 2010) \$

minus

Expenses (from September 1, 2010, to August 31, 2011) \$

Balance \$

Debts:

Bank loans (excluding student loans) \$

Personal loans (parent, friend, etc.) \$

Emergency funds (educational institution) \$

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I hereby certify that all the information and documents provided herewith are accurate and complete.

Date Y M D

Student's signature **X**