

HIGH SCHOOL SCHOLARSHIP ACCEPTANCE (2022)

PLEASE PRINT CLEARLY

Student Information:		
Student Name:	MCP #:	
	SIN #:	
	Phone #:	
	Email:	
	another resident living at the same address as you with the same name?	
	mother resident fiving at the same address as you with the same name:	
Yes No No		
Post-Secondary Institution:		
Address of Institution:		
	Postal Code:	
Student Number at Institution:		
Confirmation of full-time attements to confirm the above-no beyond the drop and add date.	endance. oted student is in full-time attendance at this post-secondary institution and	
Date	Registrar's Signature	

This form MUST be returned with the following forms.
☐ Direct Deposit Form Stamped by Bank, or a Void Cheque/Direct Deposit ☐ TD1 (Federal) ☐ TD1 (Provincial) ☐ Copy of Birth/Baptismal Certificate ☐ Copy of Social Insurance Card/Letter from Service Canada
Required to be complete on the TD1 Federal or TD1 Provincial forms is as follows: 1. Amounts on line each form to be entered on bottom line. 2. Sign and date 2nd page.
Please note:
Scholarship payments will be made by direct deposit only. The Department of Finance no longer issues cheques for these payments.
If you are NOT accepting this scholarship prior to December 31, 2022, you will need to obtain a TD1
(Federal) and TD1 (Provincial) for the 2023 year Service Canada.
Forms that are illegible or that are missing information or signatures will be returned and will cause a delay in the timely processing of your scholarship payment. PLEASE CHECK CAREFULLY.
Payment may take up to six weeks to be received.

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Recipients can fill out the application and email to karenpearcey@gov.nl.ca

Or mail to:

Department of Education & Early Childhood Development Attn: High School Certification PO Box 8700, Confederation Building 3rd Floor, West Block St. John's, NL A1B 4J6

Direct Deposit

SECTION 1: Sch	nolarship Recipient l	Information		
Recipient Name:		Student ID:	_ Student ID :	
Department: Education		Division: Evalua	Division: Evaluation & Research	
Are you in receipt	of a pension from PS	PP, USPP, TPP, MHAPP, PCJ	PP? □ Yes □ No	
	nent, I understand that it is pensation and Benefits Di	my responsibility to immediately upovision.	date my banking information if it	
Recipient's Signature		Date		
-	-	x pre-authorization form shown shown action 2 completed and STA		
	nnking Information (rm not attached)	to be completed if void chequ	ie or pre-authorization	
Name	of	Financial	Institution:	
Branch			Location:	
Branch Contact I	Phone Number:			
Fransit #:				
Institution #:				
Account #:				
Bank Official's Signat	ure & Bank Stamp	Date		
Internal Use Only	y:			
Actioned By:		Date:		
Verified By:		Date		

Under the authority of the **Financial Administration Act**, personal information will be collected for the purpose of processing requests. Your personal information is protected by the Access to Information and Protection of Privacy Act and will not be disclosed without consent or authorization. Any questions or comments can be directed to the Compensation and Benefits Service Centre Specialists at 729-7690, 1-888-729-7690 or CompensationBenefits@gov.nl.ca.