

Disclosure Program
Department of Community Services
Phone: 902-424-2755
Toll-free (within Canada): 1-833-424-2755
disclosureprogram@novascotia.ca
2131 Gottingen Street, 3rd Floor
Halifax, Nova Scotia B3K 5Z7

Step 2: Fill out the Post-Care Tuition Waiver Application and submit it, along with the verification letters

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Post-Care Tuition Waiver Application

Fully complete all sections of the following form. Any missing details could render your application ineligible. You may choose to print the application form and complete it by hand or complete it electronically.

The following sections and supporting documents are required:

- x Completed application form
- x Financial need statement
- x Educational goals statement
- x Any other documentation to support extenuating circumstances.
- x Verification through the Disclosure Program, Department of Community Services

Section 1 – Personal Information

Full name:			
SMU Student ID:	A00		
Email address:		Phone #:	

Section 2 – Educational Information

If applicable, please list any post-secondary institutions you have previously attended:

Institution Name:			
Program:			
Years Attended:		Did you graduate?	%No %Yes
Institution Name:			
Program:			
Years Attended:		Did you graduate?	%No %Yes

Section 3 –

Section 4 - Financial Need Statement

In the space below, please provide details explaining why you should be considered for financial assistance. If applicable, you can use this section to provide explanation of any special financial circumstances you are facing in relation to housing, debt payments, family care, tran

Section 6 – Declaration

I understand that my signature below means that:

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