

Useful Information

This form is intended for students who wish to have the cost of eyeglasses and contact lenses (including eye examination fees) recognized as part of their allowable expenses. The cost of eyeglasses includes the cost of lenses and frames. These expenses cannot exceed the authorized amount per person every two consecutive award years. Students may claim this amount for themselves and for each of their own or their spouse's dependent children. For each amount claimed, the recipient must present the receipt, which must indicate that the eyeglasses or contact lenses were prescribed by an optometrist or a physician. The purchase must have been made during a month where you were covered by the Loans and Bursaries Program.

Required Documents

The original receipt or an insurance record stating that part of the cost was not reimbursed and, if the receipt or insurance record does not show the prescription or its reference number, the prescription of the optometrist or physician.

Section 1 – Student Information

Last name

First name

Permanent code assigned by the Ministère

Name of educational institution

Code of institution

Mailing Address

No.

Street

Direction

(North, South, East, West)

Apartment

Municipality, city or town

Area code

Telephone no.

Province

Country

Postal code

Section 2 – Claim

Amount claimed for the student

Date of purchase		
Y	M	D

Round off to nearest dollar
 \$

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 .00

Amount claimed for the student's dependent children

Child's last name

 Child's first name Date of birth Date of purchase Round off to nearest dollar

Y	M	D

Y	M	D

 \$

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 .00

Child's last name

 Child's first name Date of birth Date of purchase Round off to nearest dollar

Y	M	D

Y	M	D

 \$

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 .00

Child's last name

 Child's first name Date of birth Date of purchase Round off to nearest dollar

Y	M	D

Y	M	D

 \$

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 .00

Child's last name

 Child's first name Date of birth Date of purchase Round off to nearest dollar

Y	M	D

Y	M	D

 \$

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 .00

Section 3 – Student's Signature

Signature **X** _____ Date

Y	M	D

Section 4 – Protection of personal information

By completing this form, you consent to Aide financière aux études collecting your personal information to process your application. Without this information, your application cannot be analyzed and you will not be able to obtain the financial assistance to which you are entitled. You can change your personal information directly in your file or by contacting us using the information listed on this form.