

You must complete this form if you have stated that you have stopped studying full-time for a total of at least 24 months during which you were in one or both of the following situations (if both situations apply, periods must have been consecutive):

- You held a paid job (as either an employee or a self-employed worker) or received employment insurance or Canada Emergency Response Benefit (CERB) or Canada Recovery Benefit (CRB), Canada Recovery Caregiving Benefit (CRCB) or Canada Worker Lockdown Benefit (CWLDB) or income replacement benefits (CNESST, SAAQ, Retraite Québec, CPP, ESDC or, MIFI).
- You supported yourself while living somewhere other than with a parent or sponsor.

Please submit this fully-executed form by uploading it right into your online file. To learn how, see our Web site Quebec.ca/student-financial-assistance.

Attention! Even if neither of these statements corresponds to your situation, you still must **complete sections 1, 3, and 4** of this form and send it to us. If other supporting documents must be provided, they will be indicated on the form.

Section 1 – Student Information

Last name	Permanent code assigned by the Ministère
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
First name	
<input style="width: 95%;" type="text"/>	

Section 2 – Periods of Employment (self-support)

Please give a chronological list of the periods during which you were employed or supported yourself, starting with the most recent. To determine the number of weeks corresponding to each situation, please refer to section A of the “Information” section on the back of this form. Please attach an official attestation from the employer or organization concerned for each situation (see section D on the back of this form).

Please indicate the end date of your last period of full-time study

Dates	Number of weeks	Situation
Start date Y M D <input style="width: 100%;" type="text"/> End date Y M D <input style="width: 100%;" type="text"/>		I held a job. _____ <input type="checkbox"/> Employer I received employment insurance or income replacement benefits..... <input type="checkbox"/> I supported myself while not living with my parents or sponsor <input type="checkbox"/>
Start date Y M D <input style="width: 100%;" type="text"/> End date Y M D <input style="width: 100%;" type="text"/>		I held a job. _____ <input type="checkbox"/> Employer I received employment insurance or income replacement benefits..... <input type="checkbox"/> I supported myself while not living with my parents or sponsor <input type="checkbox"/>
Start date Y M D <input style="width: 100%;" type="text"/> End date Y M D <input style="width: 100%;" type="text"/>		I held a job. _____ <input type="checkbox"/> Employer I received employment insurance or income replacement benefits..... <input type="checkbox"/> I supported myself while not living with my parents or sponsor <input type="checkbox"/>
Start date Y M D <input style="width: 100%;" type="text"/> End date Y M D <input style="width: 100%;" type="text"/>		I held a job. _____ <input type="checkbox"/> Employer I received employment insurance or income replacement benefits..... <input type="checkbox"/> I supported myself while not living with my parents or sponsor <input type="checkbox"/>

If you need more space, attach a separate sheet.

Section 3 – Modification to Declaration Concerning self-support

If the situation described in the introduction to this form does not correspond to your actual situation, you will be considered a student with a parental contribution.

Check the box corresponding to the situation that applies to you:

- My parents live together (are not divorced, legally separated or de facto separated and neither is deceased).**
(Have both your parents complete the 2024-2025 Declaration of Parent or Sponsor. (The form is available in their online file)
- My parents are divorced, legally or de facto separated, or one of them is deceased.**
- I am living with, or was living with, only one parent.** _____
First and last names

(Have your parent complete the 2024-2025 Declaration of Parent or Sponsor form as soon as possible.
This form is available in their online file.)

Section 4 – Student's Signature

I certify that the information I have provided is accurate and complete.

Signature **X** _____

Date
Y M D
| | | | | | |

Information

A Number of Weeks

To calculate the number of weeks corresponding to each situation, count the number of days between the start and end dates you indicated for a given period and divide this number by 7. If the result contains a decimal point, round it up to the nearest number. For example, if you worked from June 1 to August 31, you would count 92 days between these two dates. This number divided by 7 equals 13.1. You would then enter 14 under "Number of Weeks."

B Self-supporting Status

You may have been in different situations during this 24-month period (104 weeks, consecutive or not). For example, you may have had a paid job with a company for ten months, have received employment insurance benefits for two months, have received employment assistance benefits for four months while not living with your parents, have held another paid job with a company for six months, or have received income replacement benefits (CNESST) for two months, **without ever studying full-time.**

Please note that you cannot count interruptions of 6 months or less for continuing education or 4 months or less for regular education between two full-time study sessions in the 24-month total.

C Income Replacement Benefits

Income replacement benefits are amounts paid by the following organizations:

- Retraite Québec
- the Société de l'assurance automobile du Québec (SAAQ)
- the Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST) (occupational injury, occupational illness, crime victim)
- Employment and Social Development Canada (ESDC)
- the Canada Pension Plan (CPP)
- the Ministère de l'Immigration, de la Francisation et de l'Intégration (MIFI)

D Official Attestations

You must attach an official attestation for each situation. Examples of official attestations include:

- records of employment (Services Canada) or letters from your employers, dated and signed
- attestations issued by Human Resources Development Canada
- attestations issued by the organizations concerned regarding income replacement benefits (CNESST, SAAQ, Retraite Québec, RPC, ESDC, MIFI).
- attestations issued by the Ministère de l'Emploi et de la Solidarité sociale, along with proof that you were not living with your parents or sponsor (a lease, municipal tax bill or a letter from your landlord)
- Proof of acceptance of the Canada Emergency Response Benefit (CERB)
- Proof of acceptance of the Canada Recovery Benefit (CRB), the Canada Recovery Caregiving Benefit (CRCB) or the Canada Recovery Sickness Benefit (CRSB)
- Proof of acceptance of the Canada Worker Lockdown Benefit (CWLB)

Each supporting document must state the start and end dates of the period concerned. If the dates indicated on the form differ from those appearing on the attestations, Aide financière aux études will use the dates indicated on the attestations.

Attention: You **must** also submit a copy of your most recent statement of marks or transcripts (secondary school, college or university, as applicable).

E Self Employment

You must provide supporting documents :

- document proving the dates of operation or, if applicable, the closure of the company
- annual financial statement (income and expenses)
- service contract or others