

Schedule I - Education Assistance Loan Program (EALP)

Service Number	Full Name	CF One Number
-----------------------	------------------	----------------------

The purpose of the Education Assistance Loan Program is to provide financial assistance in the form of a loan to assist serving members, former members and their dependants (spouses and children) who may not qualify under the BMO SLOC Program; and assist spouses who may need to complete recertification courses, supplementary courses and/or training to increase opportunities for employment

NAME OF STUDENT	RELATIONSHIP TO APPLICANT

MANDATORY SUPPORTING DOCUMENTS

- Proof of current household income (pay and/or pension stubs; bank statement if no stub available)
- Discharge certificate or record of service (retired or released members only)
- Proof of Tuition Cost
- T4's and/or tax assessments (self-employed members only)
- Proof of attendance/acceptance at a recognized post-secondary institution and/or retraining center

LOAN AMOUNTS AND REPAYMENT OPTIONS

\$500 - \$1,500 (maximum 12 months)	\$2,000 - \$3,000 (maximum 24 months)	\$3,500 - \$4,500 (maximum 36 months)	\$5,000 (maximum 48 months)
Loan Amount <input type="radio"/> \$500 <input type="radio"/> \$1,000 <input type="radio"/> \$1,500 <input type="radio"/> \$2,000 <input type="radio"/> \$2,500 <input type="radio"/> \$3,000 <input type="radio"/> \$3,500 <input type="radio"/> \$4,000 <input type="radio"/> \$4,500 <input type="radio"/> \$5,000	Term (in months) 12 <input type="radio"/> 24 <input type="radio"/> 36 <input type="radio"/> 48 <input type="radio"/> Monthly Payment \$ <input style="width: 100px;" type="text"/>		

REPAYMENT AGREEMENT OPTIONS (cross out what is not applicable)

Loans within the EALP are unlike government student assistance loans or programs in that payments are not deferred until completion of a course or program.

Option A. For Serving Regular Force Members

I (the Borrower), hereby promise to repay Support Our Troops (the Lender), the principal amount of \$ and the total interest charges of \$ (3.45%).

The loan shall be payable by monthly installments. I hereby authorize SOT to withdraw a monthly payment from my pay account and I agree, that if released from the Canadian Forces, I shall make arrangement with SOT to repay any unpaid loan balance. I authorize SOT/SISIP Financial to gather whatever personal financial information deemed necessary from any person or organization that has personal financial information relating to me, such as banks, creditors and credit rating agencies and that SOT may provide this information to a credit bureau and other financial institutions. I also authorize SOT/SISIP Financial to disclose only the necessary personal financial information it has on me to achieve the object of this application. The information provided on this form is protected from unauthorized disclosure under Canada's Privacy Act and is available to you upon written request.

Option B. For other than Serving Regular Force Members

I (the Borrower), hereby promise to repay Support Our Troops (the Lender), the principal amount of \$ and the total interest charges of \$ (3.45%).

I will not cease the Pre-authorized debit until the loan has been re-paid in full.

(PAD form to be completed and attached)

I consent that SOT will disclose to my Base/Wing Commander within my Chain of Command any act committed by me which constitutes a compromise of my debts namely a consumer proposal or a voluntary assignment in bankruptcy or any order pursuant to the Bankruptcy and Insolvency Act and for which SOT has suffered a loss.

Borrower Signature

Date

APPROVING AUTHORITY

I certify that the requirement for this loan is within SOT Policy and is in the best interest of the applicant.

Name

Signature

Date

DIRECT DEPOSIT AGREEMENT – SIGNATURE OF APPLICANT

I authorize SOT to initiate an electronic credit entry and to deposit my SOT loan amount directly to my financial institution account as indicated on the attached PAD form. I certify that all information provided with respect to the account is accurate. The information provided on this form is protected from unauthorized disclosure under Canada's Privacy Act and is available to you upon written request. Attach an unsigned cheque marked "VOID" indicating the bank, branch and account to which the deposit is to be made. Note: For savings and chequing accounts only, line of credit accounts are not accepted.

Borrower Signature

Date

(Ce formulaire est disponible en français)

Protected "B" (when completed)