



# Request for Ministry Review

Alberta Centennial Education Savings Plan Grant

Date (yyyy/mm/dd)

**To:**  
Office of the Minister of Innovation and Advanced Education  
P.O. Box 85  
Station Main  
Edmonton, Alberta T5J 2G9

**From:**  
Subscriber's Name (please PRINT)  
Subscriber's Address  
Subscriber's Phone Number  
Subscriber's Email (if applicable)

Reason for review:

Extension of Six-Year Time Limit for application

Alberta Residency Check of Parent/Legal Guardian now living outside Alberta

Other

File Reference Number (if any):

Beneficiary Name: (first/given, middle and last/family name)

Birthdate of Beneficiary (yyyy/mm/dd):

Additional information in support of review (please attach supporting documentation as required):

- If Extension of Six-Year Time Limit for application, please explain reason(s) for missing six year window, and any relevant promoter information.
- If Alberta Residency Check, please provide evidence of Alberta residency of parent/legal guardian of child for the month and year in which the child turned the applicable grant age showing month/year, name of parent/legal guardian of child, and Alberta address. Also provide brief explanation of when move from Alberta occurred.
- If Other, please explain.

Subscriber's Signature

Date (yyyy/mm/dd):