

APPLICATION FOR EDUCATIONAL ASSISTANCE – A
 (Confidential when completed)
Post-Secondary and Training Programs

BASIC STUDENT INFORMATION										
SURNAME			FIRST NAME			MIDDLE NAME			PHONE	
									E-MAIL	
ADDRESS					BIRTHDATE			SEX		
					<small>YEAR</small>	<small>MONTH</small>	<small>DAY</small>	<small>MALE</small>	<small>FEMALE</small>	
RESIDENCE CHECK ONE X			NUMBER OF DEPENDENTS			GRADE 12 COMPLETION		PREVIOUSLY SPONSORED		
<small>ON- RESERVE</small>	<small>OFF- RESERVE</small>	<small>CROWN LAND</small>	1	2	3					
			4	5	6	<small>YES</small>	<small>NO</small>	<small>YES</small>	<small>NO</small>	
STUDENT IDENTIFIER										
BAND NUMBER (10 digits)			PRIORITY		APPLICATION DATE			SCHOOL STATUS CHECK ONE X		
			P1	P2	<small>YEAR</small>	<small>MONTH</small>	<small>DAY</small>	<small>FULL TIME</small>	<small>PART TIME</small>	<small>AUDIT</small>
POST-SECONDARY INSTITUTION INFORMATION										
POST-SECONDARY INSTITUTION			PROGRAM				PROGRAM LENGTH			
PREVIOUS POST-SECONDARY FINANCIAL ASSISTANCE (IDENTIFY PROGRAM AND INSTITUTION)										
DATE ATTENDED		COLLEGE			UNIVERSITY			PROGRAM		

ESTIMATED COSTS			
	FALL (Semester 1)	WINTER (Semester 2)	SPRING/SUMMER
TUITION			
BOOKS AND SUPPLIES			
LIVING ALLOWANCE			
TRAVEL			
SPECIAL			
OTHER COSTS			
OTHER COSTS			
TOTAL COSTS			

I HAVE READ AND AGREE TO THE CONDITIONS FOR FINANCIAL ASSISTANCE

APPLICANT SIGNATURE:

DATE:

APPLICATION FOR EDUCATIONAL ASSISTANCE – B

Please complete a short essay on your educational goals, plans or aspirations. Include where you see yourself in 5 years.