

APPLICATION FOR EDUCATIONAL ASSISTANCE
Post Secondary Student Support Program (PSSSP) - Seven Generations Education Institute

STUDENT INFORMATION

10-Digit Status Card Number: _____ (Proof of status required)

Last Name _____ First _____ Middle _____

Gender Male Female Birth Date ____/____/____ S.I.N. _____
Month Day Year

Mailing Address: _____ City _____

Province _____ Postal Code _____

Home Address: _____ City _____

Province _____ Postal Code _____

Primary Residence: On Reserve Off Reserve Living in Canada for the past 12 months Yes No

Phone # () _____ E-mail: _____

Emergency Contact: _____ Name _____ Relationship _____ Contact Info _____

Marital Status _____ Number of Dependents _____ (Proof of dependents required)

STUDENT EDUCATION PLAN

Academic Period: Fall/Winter Spring/Summer Attendance: Full Time Part Time

Level of Program: UCEPP or College Undergraduate Honours Graduate or Professional Doctoral
 Program/Course: _____

Institution: _____

Institutional Acceptance: New Student Continuing Student Conditional Offer (Proof of acceptance required)

Start Date: ____/____/____ End Date: ____/____/____ Student Number: _____
Month Day Year Month Day Year

Length of Program: _____ years Year of Study: _____ Date of Graduation: ____/____/____
Month Day Year

APPLICATION DEADLINE DATES: Spring/Summer – April 1st Fall/Winter – June 1st

I have read the PSSSP Student Responsibilities and agree to the conditions for this financial assistance:

 STUDENT SIGNATURE DATE

****OFFICE USE ONLY****			
Previous Months Used: UCEPP	Level I	Level II	Level III Allowance Category
FISCAL YEAR			NOTES
TUITION			
BOOKS AND SUPPLIES			
LIVING ALLOWANCE			
SEASONAL TRAVEL			
OTHER COSTS			
TOTAL			
STUDENT MONTHS			
**Campus Residence Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	\$

COUNSELLOR'S COMMENTS: Recommend Not Recommended Funding Dependant

 SEVEN GENERATIONS COUNSELLOR SIGNATURE DATE

AUTHORIZATION

 DIRECTOR, PSSSP SIGNATURE DATE