

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

APPLICATION DEADLINE DATES: Spring/Summer (attending May-August) – April 1st
 Fall/Winter (attending September-April) – June 1st

STUDENT INFORMATION

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

Last Name _____ **First** _____ **Middle** _____

Gender Male Female **Birth Date** _____ / _____ / _____ **S.I.N.** _____

Mailing Address: _____ **City/Town** _____

Province _____ **Postal Code** _____

E-mail Address: _____ **Phone #** (_____) _____

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

Emergency Contact: _____ **Name** _____ **Relationship** _____ **Contact Info** _____

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

STUDENT EDUCATION PLAN

Academic Period: Fall/Winter (September-April) Spring/Summer (May-August)

Attendance: Full Time Part Time

Program Level: UCEPP College Undergraduate Honours Masters/Professional Doctoral

Program/Course: _____

Institution: _____

Student Number: _____

Institutional Acceptance: New Student Continuing Student Conditional Offer

Start Date: _____ / _____ / _____ **End Date:** _____ / _____ / _____

Year of Study: _____ **Length of Program:** _____ years **Date of Graduation:** _____ / _____ / _____

Do you plan to say in campus residence? Yes No

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			
COMMENTS:			

 SEVEN GENERATIONS COUNSELLOR SIGNATURE DATE

AUTHORIZATION

 DIRECTOR, PSSSP SIGNATURE DATE