

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. _____
Month Day Year

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: ____/____/____
Month Day Year Month Day Year

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

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