

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