

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