



**POST SECONDARY STUDENT ASSISTANCE PROGRAM
FINANCIAL ASSISTANCE APPLICATION**

STUDENT INFORMATION

Name:	Date of Birth: (m/d/yr)	Sex	
		<input type="checkbox"/> M	<input type="checkbox"/> F
Home Address:	Home Telephone Number:	Home Email	
Post Secondary Address:	PS Phone Number:	PS Email:	
	Band Number:		
Marital Status		Number of Dependents	
<input type="checkbox"/> Single <input type="checkbox"/> Single Parent <input type="checkbox"/> Single living with employed parent		<input type="checkbox"/> Married with employed spouse <input type="checkbox"/> Married with dependent spouse	
		1-11 years _____ 12 and over _____	

EDUCATION PLAN

Full Time
 Part Time
 Certificate
 Diploma
 Bachelor
 Master
 Doctoral

Program/Course	Length of Program <i>(Indicate number of years)</i>		
Name of Institution	Address		
Current Year of Study	From (m/d/yr)	To (m/d/yr)	Expected date of Graduation

Effective Period
 Fall
 Winter
 Spring
 Summer

POST SECONDARY STUDIES RECORD

Year	Institution	Field	Year of Study

CURRENT FINANCIAL SITUATION

Employed
 Employment Insurance Benefits (EI)
 Social Assistance
 Other (please specify)

I hereby apply for financial assistance under the Listuguj Education Post Secondary Assistance Program for the period indicated. The above information is accurate to the best of my knowledge. I agree to:

1. Provide proof of registration at the beginning of each term and a copy of my results at the end of each term, and
2. To report any changes and/or program status promptly

I authorize the Education Directorate of the Listuguj Mi'gmaq Government to have access to files concerning my current financial situation.

Signature

Date