



Part 1 Identification

1. Full Name: _____
Surname First Second

2. Maiden Name: _____ (if applicable)

3. First Nation: _____

4. Treaty Number: _____

5. Date Of Birth: _____
D mm yyyy

6. Usually Live: On Reserve Off Reserve

7. Social Insurance Number: _____
/ ### /

8. Medical Number: _____

9. Marital Status: Single Married Single Parent Other: _____

10. Sex: Male Female

11. Number Of Dependents: _____ (To be completed by student claiming dependents)

i) Dependents: Name	Birthdate	Lives with you
_____	____/____/____	<input type="radio"/> Yes <input type="radio"/> No
_____	____/____/____	<input type="radio"/> Yes <input type="radio"/> No
_____	____/____/____	<input type="radio"/> Yes <input type="radio"/> No
_____	____/____/____	<input type="radio"/> Yes <input type="radio"/> No
_____	____/____/____	<input type="radio"/> Yes <input type="radio"/> No
_____	____/____/____	<input type="radio"/> Yes <input type="radio"/> No
_____	____/____/____	<input type="radio"/> Yes <input type="radio"/> No

ii) Spouse's Name: _____

Spouse's Maiden Name: _____ (if applicable)

iii) For The period I am applying for financial assistance, my spouse:

- a) Will live with me Yes No
- b) Will be a full time student Yes No
- c) Will be employed full-time Yes No

12. Permanent Home Address:

13. Current Mailing Address:

Street Address: _____

Street Address: _____

Reserve/Town/City _____ Province _____

Reserve/Town/City _____ Province _____

Postal Code _____ Telephone _____

Postal Code _____ Telephone _____

14. Name Of Next-of-kin: _____

Relation: _____ (i.e. mother, father etc)

Address: _____

Reserve/Town/City _____ Province: _____

Postal Code: _____ Telephone: _____

Part B Academic History

_1.

Last High School Attended: _____

Location(City/Town): _____

Grade Level or Diploma: _____ Completed: _____

2. Last Post-Secondary Institution

Name of Institution: _____

Location(City/Town): _____

Degree/Diploma: _____ Completed: _____

3. Other Post-Secondary Institutions Attended:

Name	Location	Year	Course	Degree

Part C. Previous Sponsorship

1. Were you ever sponsored before? Yes No

If yes, explain (When, Duration, Program) _____

Did You Complete Program? Yes No

If yes, when? _____

If No, Why? _____

Did You Ever have Your Sponsorship Suspended? Yes No

If yes explain: _____

Part D: Application

I hereby make application for assistance to attend:

Name of Education Institution: _____

Address of Education Institution: _____

To enroll in:

Course: _____ Major: _____

From(Starting Date): _____ To(Ending Date): _____

Completed Application Includes:

A. Transcripts

B. Autobiography - References to educational goals.

C. Letter of Acceptance or Letter of Permission To Re-Register

Date: _____ Signature of applicant: _____

Please note: Deadline for Application is April 15