



PART A: 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 Lives: _____ On Reserve _____ Off Reserve

7. Social Insurance Number: _____/_____/_____
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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 dependants)

i) Dependents: Name	Birthdate	Lives With You	
_____	____/____/____	Yes	No
_____	____/____/____	Yes	No
_____	____/____/____	Yes	No
_____	____/____/____	Yes	No
_____	____/____/____	Yes	No
_____	____/____/____	Yes	No
_____	____/____/____	Yes	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	
_____	_____	
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

- Last High School Attended: _____
Location (City/Town): _____
Grade Level or Diploma: _____ Completed: _____
- Last Post-Secondary Institution
Name of Institution: _____
Location (City/Town): _____
Grade Level or Diploma: _____ Completed: _____
- Other Post-Secondary Institution's Attended:

Name	Location	Year	Course	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PART C: PREVIOUS SPONSORSHIP

- Were you ever sponsored before? Yes No
If yes, explain (When, Duration, Program) _____

2. Did you complete the program?	Yes	No
If yes, when? _____		
If no, Why? _____		

3. 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