



## Application Information

Name:

Date of Birth:

SIN:

Status #:

Mailing Address:

City:

Prov:

Postal Code:

Email Address:

Cell #:

PH:

## Personal Information

Single .....  Married/Common-Law..... Spouse's Name:

Dependent(s):  Yes  No

Spouse is Employed  Yes  No  Seasonal

Number of Dependents:

**Dependent(s) Full Names**

**Ages**

**Date of Birth**

1)

2)

3)

4)

## Education Program

Occupation/ Career Goal:

Name of Program:

Program Type:  Certificate  Diploma  Degree  Masters/PhD

How Many Years to Complete

Start Date(First Year)

Completion Date (Last Year)

Post-Secondary Institute:

Department:

Address:

Prov:

Postal Code:

Academic Advisor/Counselor Name:

Phone:

## Education/Training History

**Education/Training Program(s)**

**Year**

**Completed**

**Sponsored**

Yes  No

Yes  No

		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Circumstances for not completing **ANY** Education/Training Program(s)

1)

2)

3)

4)

**Student Residency Declaration**

I, \_\_\_\_\_, certify that I have been a resident of Canada for the last 12 consecutive months prior to this date.

Signature of Applicant:

Date:

**Student Declaration**

I hereby apply for educational sponsorship under the post-secondary assistance program for the period indicated. I declare that the information contained in this application for sponsorship is accurate to the best of my knowledge. I understand that the falsification and misrepresentation of information, or the failure to abide by the terms of sponsorship may result in the discontinuation of sponsorship and/or refusal for future financial assistance.

I also understand that should I receive financial assistance under false pretense, I will be liable for the repayment of such funds. I agree to provide proof of registration at the beginning of each term and to report any changes in program status immediately.

Signature of Applicant:

Date.