*The information provided on this document is intended for administering and resourcing post-secondary student financial assistance only. Personal information will be held confidential and will be protected.*

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| 1. **APPLICANT INFORMATION:** | | | | | | | | | | | | | | | |
| First Name: Click or tap here to enter text. | | | | | | Last Name: Click or tap here to enter text. | | | | | | | | | |
| Mailing Address: Click or tap here to enter text. | | | | | | | | | | | | | | | |
| Town/City: Click or tap here to enter text. | | | | | | Postal Code: Click or tap here to enter text. | | | | | | | | | |
| Email: Click or tap here to enter text. | | | | | | Home Ph#: Click or tap here to enter text. | | | | | | | | | |
| Status#: Click or tap here to enter text. | | | | | | Cell#: Click or tap here to enter text. | | | | | | | | | |
| Copy of Status Card attached: \*required  (Check to confirm): | | | | | | Click this box to electronically attach Status Card:\*required | | | | | | | | | |
| Marital Status (Check one box): | | | | | | Single or  Married/Common Law | | | | | | | | | |
| 1. **SPOUSE INFORMATION** (\*Section required if Married/Common Law): | | | | | | | | | | | | | | | |
| Spouse First Name: Click or tap here to enter text. | | | | | | Spouse Last Name: Click or tap here to enter text. | | | | | | | | | |
| Spouse Working/Employment (check one box): | | | | | | Yes or  No | | | | | | | | | |
| 1. **DEPENDANT INFORMATION**: (add a second page if more fields needed to list more dependants) | | | | | | | | | | | | | | | |
| Name (First Name + Last Name)**:** | | | Relationship: | | | Date of Birth (mmm/dd/yyyy)**:** | | | | | | | Age of Dependant: | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | Click or tap to enter a date. | | | | | | | Click or tap here to enter text. | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | Click or tap to enter a date. | | | | | | | Click or tap here to enter text. | | |
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| Click or tap here to enter text. | | | Click or tap here to enter text. | | | Click or tap to enter a date. | | | | | | | Click or tap here to enter text. | | |
| Copy of Child Tax Benefit Entitlement attached:  (Check to confirm):\*required | | | | | | Click this box to electronically attach a copy: \*required | | | | | | | | | |
| 1. **UNIVERSITY/COLLEGE PROGRAM:** | | | | | | | | | | | | | | | |
| University/College Name: Click or tap here to enter text. | | | | | | | | | | | | | | | |
| Address:Click or tap here to enter text. | | | | | | | | | | | | | | | |
| Type of Program:(check one) | | Certificate | | | | Diploma | | | | Degree | | | | | Masters/PHD |
| Program Title: | Click or tap here to enter text. | | | | | | | | | | | | | | |
| Field of Study: | Click or tap here to enter text. | | | | | | | | | | | | | | |
| Length of Program: | Click or tap here to enter text. | | | | | | Full-time | | | | | Part-time | | | |
| Effective Semester: | Fall | | | | Winter | | | | Spring | | | | | Summer | |
| Academic Advisor: | Click or tap here to enter text. | | | | | | | | Phone#: Click or tap here to enter text. | | | | | | |
| Advisor Email: | Click or tap here to enter text. | | | | | | | | | | | | | | |
| Click this box to electronically attach a copy of  Letter of Acceptance from University/College attached: \*required | | | | | | | | Click this box to electronically attach a copy of  Program Outline attached: \*required | | | | | | | |
| 1. **ACCOMODATIONS:** | | | | | | | | | | | | | | | |
| Will you be residing:  \*Required to determine student allowance | | | | On-Campus | | | | | | | Off-Campus | | | | |

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| 1. **EDUCATION BACKGROUND:** | |
| High School Grade Completed:  Click or tap here to enter text. | Name of School:  Click or tap here to enter text. |
| UCEEPP Grade Completed:  Click or tap here to enter text. | Name of University:  Click or tap here to enter text. |
| Community College Completed (If applicable):  Click or tap here to enter text. | Previous Training (If applicable):  Click or tap here to enter text. |
| Click this box to electronically attach a copy of  High School marks – New Students: \*required  Shape  Description automatically generated with low confidence | Click this box to electronically attach a copy of  College Certificates (If applicable): \*required  Shape  Description automatically generated with low confidence |
| 1. **STUDENT DECLARATION:** | |
| I hereby apply for post-secondary financial assistance for the period indicated above. I declare that the information contained in this application for financial assistance is accurate to the best of my knowledge. I understand that the misrepresentation of information, or the failure to abide by the terms of sponsorship may result in the discontinuation of financial support 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 the program status immediately. | |
| **Signature of Applicant**: Click or tap here to enter text.  **Date**: Click or tap to enter a date. | |