# Application
## Post-Secondary Education: Due June 01 2023

*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.*

### A. APPLICANT INFORMATION:

| | |
|---|---|
| First Name: | Last Name: |
| Mailing Address: | |
| Town/City: | Postal Code: |
| Email: | Home Ph#: |
| Status#: | Cell#: |
| Copy of Status Card attached: *required | (Check to confirm): ☐ Yes, a copy of status card attached |
| Marital Status (Check one box): | ☐ Single   or   ☐ Married/Common Law |

### B. SPOUSE INFORMATION (*Section required if Married/Common Law):

| | |
|---|---|
| Spouse First Name: | Spouse Last Name: |
| Spouse Working/Employment (check one box): | ☐ Yes  or ☐ No |

### C. 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: |
|---|---|---|---|
| | | | |
| | | | |
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| | |
|---|---|
| Copy of Child Tax Benefit Entitlement attached: | (Check to confirm): *required ☐ Yes, a copy attached |

### D. UNIVERSITY/COLLEGE PROGRAM:

| | | | |
|---|---|---|---|
| University/College Name: | | | |
| Address: | | | |
| Type of Program:(check one) | ☐ Certificate | ☐ Diploma | ☐ Degree | ☐ Masters/PHD |
| Program Title: | | | |
| Field of Study: | | | |
| Length of Program: | | ☐ Full-time | ☐ Part-time |

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| Effective Semester: | ☐ Fall | ☐ Winter | ☐ Spring | ☐ Summer |
|---|---|---|---|---|

| Academic Advisor: | | Phone#: |
|---|---|---|

| Advisor Email: | |
|---|---|

| A copy of<br>Letter of Acceptance from University/College attached:<br>(Check to confirm): *required ☐ Yes, a copy attached | A copy of<br>Program Outline attached:<br>(Check to confirm): *required ☐ Yes, a copy attached |
|---|---|

### E. ACCOMODATIONS:

| Will you be residing:<br>*Required to determine student allowance | ☐ On-Campus | ☐ Off-Campus |
|---|---|---|

### F. EDUCATION BACKGROUND:

| High School Grade Completed: | Name of School: |
|---|---|
| UCEEPP Grade Completed: | Name of University: |
| Community College Completed (If applicable): | Previous Training (If applicable): |
| A copy of<br>High School marks – New Students: *required<br>(Check to confirm): ☐ Yes, a copy attached | A copy of<br>College Certificates (If applicable): *required<br>(Check to confirm): ☐ Yes, a copy attached |

### G. 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.