



**WINTER 2015 SEMESTER**

**APPLICATION FOR FINANCIAL ASSISTANCE FROM THE POST-SECONDARY EDUCATION PROGRAM**

**STUDENT IDENTIFICATION**

**New**  **Returning**  **Full-time Winter 2015**  **Part-time Winter 2015**

Name and given name:			Band number:		
Female: <input type="checkbox"/> Male: <input type="checkbox"/>			Permanent code or student number:		
Date of birth:			Social insurance number:		
Year / month / day					
<b>Mailing address:</b>			Telephone:		
			Mobile:		
No	Street	Apt.	Email:		
City	Province	Postal Code			

**STUDENT SITUATION**

**DEPENDENT CHILDREN**

Student with children <input type="checkbox"/>	Name and given name		Date of birth	
	Name and given name		Date of birth	
	Name and given name		Date of birth	

**PROGRAM OF STUDY**

Name of institution:	
Program title and number:	
Change of program: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Diploma: AEC <input type="checkbox"/> DEC <input type="checkbox"/> Double DEC <input type="checkbox"/> DEC-BAC <input type="checkbox"/> Certificate <input type="checkbox"/> DESS <input type="checkbox"/> Bachelor's <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/>	
Duration of program in number of semesters (for an AEC, indicate the number of months):	
Date expected to complete the full program (indicate the year and month):	
I began the program in the following semester: Fall (indicate the year):	
Winter (indicate the year):	
Summer (indicate the year):	
I will graduate this year in the following semester: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer <input type="checkbox"/> Non-graduating	
I will doing an internship this year: <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes provide information from your institution about this internship)	
It is a paid internship: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**INDICATE YOUR YEARS OF STUDY AND TRAININGS PREVIOUSLY COMPLETED  
(section for students making their first application)**

School year	Institution	Program	Sanction
			Discontinued <input type="checkbox"/> Diploma obtained <input type="checkbox"/> In progress <input type="checkbox"/>
			Discontinued <input type="checkbox"/> Diploma obtained <input type="checkbox"/> In progress <input type="checkbox"/>
			Discontinued <input type="checkbox"/> Diploma obtained <input type="checkbox"/> In progress <input type="checkbox"/>
			Discontinued <input type="checkbox"/> Diploma obtained <input type="checkbox"/> In progress <input type="checkbox"/>

**DECLARATION (SIGNATURE REQUIRED)**

**I hereby declare that the information provided is in all respects, true, accurate and complete.**

**Any false declaration or omission represents a serious offense and can lead to the cancellation of this application.**

Student signature	Date
Parents signature if the student is a minor	Date

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