



**2021 WINTER SEMESTER**

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

**STUDENT IDENTIFICATION**

|   |        |   |             |   |  |   |  |
|---|--------|---|-------------|---|--|---|--|
| <b>New</b> <input type="checkbox"/>                             |        | <b>Returning</b> <input type="checkbox"/> |             | <b>Full-time</b> <input type="checkbox"/> |  | <b>Part-time</b> <input type="checkbox"/> |  |
| 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**

|  |                     |  |               |
|--|---------------------|--|---------------|
| <b>CIVIL STATUS :</b><br><br>Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/><br>Separated <input type="checkbox"/> Living common law <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"/> Diploma <input type="checkbox"/><br>Certificate <input type="checkbox"/> DESS <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master <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 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  |
| It is a paid internship: <input type="checkbox"/> Yes <input type="checkbox"/> No (if unpaid internship, provide proof that it is not (e.i. : letter from the school))  |

**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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