2021 SUMMER SEMESTER

APPLICATION FOR FINANCIAL ASSISTANCE POST-SECONDARY EDUCATION PROGRAM

STUDENT IDENTIFICATION

New ❒ Returning ❒ Full-time ❒ Part-time ❒

Name and given name:	Band number :
Female: ❒ Male: ❒	Permanent code or student number :
Date of birth:	Social insurance number :
Year / month / day	
Mailing address:	Telephone:
	Mobile:
No Street Apt.	Email:
City Province Postal Code	

STUDENT SITUATION

CIVIL STATUS :

Single ❒ Married ❒ Divorced ❒

Separated ❒ Living common law ❒

DEPENDENT CHILDREN

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: ❒ Yes ❒ No

Diploma: AEC ❒ DEC ❒ Double DEC ❒ DEC-BAC ❒

Certificate ❒ DESS ❒ Bachelor's ❒ Master ❒ Doctorate ❒

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: ❒ Fall ❒ Winter ❒ Summer ❒ Non-graduating

I will doing an internship this year: ❒ Yes ❒ No (if yes provide information from your institution about this internship)

It is a paid internship: ❒ Yes ❒ No

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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