



Sagamok Anishnawbek

Form Title: Post-Secondary Educational Assistance Form
Policy Section: Appendices
Policy Reference: Section 1 – Application Process
Deadline Date: June 8th

Form #: ED01 (Appendix A)
Date Reviewed: 04/09/18
Date Approved: 04/23/18

A. APPLICANT INFORMATION

Legal Full Name: _____ Gender: Male Female Transgender

Permanent Address: _____ City/Town: _____ Province: _____ Postal Code: _____

Temporary Address: _____ City/Town: _____ Province: _____ Postal Code: _____

Phone No.: () _____ E-mail: _____

Band Registry Number: _____ Date of Birth (yyyy/mm/dd): _____

Continuing Student: High School Graduate: Mature Student:

B. DEPENDENT INFORMATION

Dependents: Yes No If yes: how many: _____ ages: _____

Proof of Dependents
(If claiming dependents, please provide one of the documents listed for verification)

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> T4
<input type="checkbox"/> Income Tax Summary	<input type="checkbox"/> School Registration
<input type="checkbox"/> Income Tax Assessment	

C. SPECIAL NEEDS

Documented Special Needs (physical, mental, learning, etc.) Yes No

Recent Assessment Attached: Yes No Will provide when approved for funding

Accommodations/Resources Required: Yes No
If yes, please list:

D. INSTITUTION INFORMATION

Expected Enrollment Date: _____

Student Number: _____

Student Log in Account Information: (tuition invoicing, progress reports/transcripts)

User Name: _____ Password: _____

Name of College	Program Title	Length of Program	Current Year of Program	F/T or P/T

Name of University	Program Title	Length of Program	Current Year of Program	F/T or P/T

H. CERTIFICATION

I hereby certify that all statements are true and correct and understand that any misrepresentation may result in discontinuance.

I understand that I must provide the official acceptance letter immediately upon receipt for this application to be considered complete.

Also I acknowledge that I have received and read the Sagamok Post-Secondary Student Support Program Policy.

Applicant Signature

Date

***Office Use Only**

APPROVED:

DECLINED:

REASON: _____

AUTHORIZED SIGNATURE: _____ DATE: _____