ATIKAMEKSHENG ANISHNAWBEK
Application for Postsecondary Financial Assistance
College and University Programs

(Confidential When Completed)

Student Identifiers

New Applicant ☐ Continuing Student ☐

APPLICATION DATE: _____ /_____/_____ (Year Month Day)

DATE OF BIRTH: _____/_____/_____ (Year Month Day)

Basic Student Information

LAST NAME:	FIRST NAME:	STATUS#(10 digit number):
STREET ADDRESS:	CITY:	POSTAL CODE:
TELEPHONE #:	CELLULAR#:	EMAIL ADDRESS:
# OF DEPENDANTS:	Address while away at school:	DIRECT DEPOSIT FORM TO BE SUBMITTED UPON APPROVAL OF APPLICATION

Education Plan

CATEGORY: ☐ College ☐University	REGISTERED: ☐ Full-time ☐ Part-time	TYPE OF PROGRAM: ☐ Certificate ☐ Diploma ☐ B.A ☐ M.A ☐ PhD ☐Other	
PROGRAM/COURSE:	STUDENT NUMBER:	INSTITUTIONAL ACCEPTANCE: ☐Final ☐ Continued ☐ Conditional	
PROGRAM LENGTH: (please circle) ie. 2 years 1 2 3 4 5 years	INDICATE YEAR OF STUDY ENTERING: (please circle) 1st 2nd 3rd 4th	PROVIDE START AND END DATE OF TERM: ie. *2020/05/05 to 2021/04/28* _____/_____/_____ to _____/_____/_____ Year Month Day Year Month Day	
Date of Graduation: _____/_____/_____ Year Month Day	COLLEGE/UNIVERSITY ADDRESS:		

APPLICATIONS TO BE SUBMITTED ONE PER TERM AS INDICATED BELOW:

TERM	**DURATION**	**DEADLINE DATES as per Education Policy Section 19.0:**	**PLACE AN "X" INSIDE ONE BOX ONLY:**
Fall/Winter	**September to April**	**Second Friday of May**	
Winter	**January to April**	**Second Friday of October**	
Spring/Summer	**May to August**	**Second Friday of March** **(only approved for sponsored students whose program requires spring/summer courses)**	

AUTHORIZATIONS:

_____ Applicant's Signature

_____ Date

Please note: Application form must be signed and dated by the applicant to be valid.

_____ Education Services Manager