

ATIKAMEKSHENG ANISHNAWBEK
Application for Postsecondary Financial Assistance
College and University Programs
(Confidential When Completed)

Student Identifiers

New Applicant <input type="checkbox"/>	Continuing Student <input type="checkbox"/>
APPLICATION DATE: _____ / _____ / _____ <small style="text-align: center;">Year Month Day</small>	DATE OF BIRTH: _____ / _____ / _____ <small style="text-align: center;">Year Month Day</small>

Basic Student Information

LAST NAME:		FIRST NAME:	STATUS#:
STREET ADDRESS:		CITY:	POSTAL CODE:
TELEPHONE #:		CELLULAR#:	EMAIL ADDRESS:
MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married/Common-law	# OF DEPENDANTS:	Address while away at school:	
BANK ACCOUNT: Account#: Branch#: Transit#:	DIRECT DEPOSIT FORM TO BE SUBMITTED UPON APPROVAL OF APPLICATION		

Education Plan

CATEGORY: <input type="checkbox"/> College <input type="checkbox"/> University	REGISTERED: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	TYPE OF PROGRAM: <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> B.A <input type="checkbox"/> M.A <input type="checkbox"/> PhD <input type="checkbox"/> Other					
PROGRAM/COURSE:	COLLEGE/UNIVERSITY:	INSTITUTIONAL ACCEPTANCE: <input type="checkbox"/> Final <input type="checkbox"/> Continued <input type="checkbox"/> Conditional					
PROGRAM LENGTH: (please circle) 1 2 3 4 5	YEAR OF STUDY: (please circle) 1 2 3 4 5	Academic Period for this Application: ____/____/____ to ____/____/____ <small style="text-align: center;">Year Month Day Year Month Day</small>					
Expected Date of Graduation: ____/____/____ <small style="text-align: center;">Year Month Day</small>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Fall/Winter September to April <input type="checkbox"/></td> <td style="width: 50%;">Winter January to April <input type="checkbox"/></td> </tr> <tr> <td>Spring/Summer May to August <input type="checkbox"/></td> <td>Summer July to August <input type="checkbox"/></td> </tr> </table>			Fall/Winter September to April <input type="checkbox"/>	Winter January to April <input type="checkbox"/>	Spring/Summer May to August <input type="checkbox"/>	Summer July to August <input type="checkbox"/>
Fall/Winter September to April <input type="checkbox"/>	Winter January to April <input type="checkbox"/>						
Spring/Summer May to August <input type="checkbox"/>	Summer July to August <input type="checkbox"/>						
ONLY CHECK ONE BOX, APPLICATIONS ARE DUE ANNUALLY							

Estimated Costs: (DO NOT FILL IN AREA BELOW for office use only)

Item	Amount	From: 20__/___	To: 20__/___
Tuition			
Training Allowance			
Books/Bus fare			
TOTAL COSTS			
Student Weeks			

Authorizations

_____	_____
Applicant's Signature	Date
Please note: Form must be signed and dated by the applicant to be valid and include your marks/transcript and acceptance letters	

Education Coordinator	