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#:
STREET ADDRESS:	CITY:	POSTAL CODE:
TELEPHONE #:	CELLULAR#:	EMAIL ADDRESS:
MARITAL STATUS: ☐ Single ☐ 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: ☐ College ☐ University	REGISTERED: ☐ Full-time ☐ Part-time	TYPE OF PROGRAM: ☐ Certificate ☐ Diploma ☐ B.A ☐ M.A ☐ PhD ☐ Other
PROGRAM/COURSE:	COLLEGE/UNIVERSITY:	INSTITUTIONAL ACCEPTANCE: ☐ Final ☐ Continued ☐ 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 _____/_____/_____ Year Month Day Year Month Day
Expected Date of Graduation: _____/_____/_____ Year Month Day	**Fall/Winter** September to April ☐ **Spring/Summer** May to August ☐	**Winter** January to April ☐ **Summer** July to August ☐

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.

_____
Education Coordinator