

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

**Student Identifiers**

New Applicant	APPLICATION DATE: ___ Year ___ / Month ___ / Day ___
Continuing Student	
Previously Funded No Yes	DATE OF BIRTH: ___ Year ___ / ___ Month ___ / ___ Day ___
State previous program, and years it was taken.	

**Basic Student Information**

LAST NAME:		FIRST NAME:	STATUS # (10 digit number):
STREET ADDRESS:		CITY & PROVINCE:	POSTAL CODE:
TELEPHONE #:	CELLULAR#:	EMAIL ADDRESS:	
# OF DEPENDANTS(children only):	Address while away at school:	Will you be employed 31 hours or more per week while in school? Yes No	

**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:	STUDENT NUMBER:	INSTITUTIONAL ACCEPTANCE: <input type="checkbox"/> Final <input type="checkbox"/> Continued <input type="checkbox"/> Conditional	
PROGRAM LENGTH: (check off one)  1 2 3 4 5 years	YEAR OF STUDY ENTERING:  1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>	PROVIDE START AND END DATE OF TERM: ie. 2020/05/05 to 2021/04/28  ___/___/___ to ___/___/___ Year Month Day Year Month Day	
Estimated Date of Graduation:  ___/___/___ Year Month Day	COLLEGE/UNIVERSITY NAME AND ADDRESS:		

**APPLICATIONS TO BE SUBMITTED ONE PER TERM AS INDICATED BELOW:**

<u>TERM</u>	<u>DURATION</u>	<u>DEADLINE DATES as per Education Policy Section 19.0:</u>	<u>Check ONE Box Only</u>
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:**

I hereby declare that the information provided above is true and correct. I understand that any willful dishonesty may render for refusal of this application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Education Services Manager

Please attach the following documents with your sponsorship application: **direct deposit form, high school diploma or any diploma or degree obtained, high school transcript or grades, acceptance letter to institution or confirmation of applying to school.** These are mandatory documents required for approval of sponsorship.