



APPLICATION FORM FOR POST SECONDARY STUDENT SUPPORT PROGRAM

Date _____

Chief Joseph Custer Reserve #201
2300 - 10th Avenue West
P.O. Box 2320, Prince Albert, SK. S6V 6Z1
Phone: (306) 953-4409 • Fax: (306) 953-4405
Toll Free: 1-877-953-4409

Privacy Act Statement

The information you provide on this document is for the purpose of resourcing and administering post-secondary student financial assistance. Personal information that you provide is protected under the provisions of the Privacy Act.

Please provide all information and submit the original application to the Post Secondary Office.

PART A: STUDENT INFORMATION (please print)

Ever Discontinued Yes No
Ever RTD Yes No

New Student (Never been funded) Re-Enrollment (Previously funded) Continuing (Funded in the past year)

Name _____
Last Name First Name Middle

Permanent Address _____ City _____ Prov _____ Postal Code _____

Mailing Address _____ City _____ Prov _____ Postal Code _____

Telephone #'s _____ Date of Birth _____

Treaty # 3 5 5 _____ SIN # _____

Marital Status: Single Single Parent Married Common-law On Reserve Off Reserve
If single go to part D

PART B: SPOUSE INFORMATION

Spouse's Name: _____

Will live with me { } Yes { } No
Will be employed { } Yes { } No
Will be a full-time student { } Yes { } No FT _____ PT _____

If yes, funding from: _____

PART C: DEPENDENT'S INFORMATION

Children's Names	Age / Date of Birth	Does he / she live with you?	Comments
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART D: EDUCATION & TRAINING

School / Training	Name	Location	# Months	Specify Certificate / Diploma or Degree Received
High School				
Community College				
Technical Institute				
University				
Other (Specify:)				

PART E: ASSISTANCE REQUIRED

Full Time Part Time (Tuition & Books Only)

Institution _____ Location _____

Program _____ Dates from _____ to _____
Mo / Yr Mo / Yr

Program Length in Yrs. _____ Term(s) Fall Winter Inter Session Summer Session
Sept - Dec. Jan - Apr May - June July - Aug.

Completed Yrs. _____

