



MIAWPUKEK HUMAN RESOURCES

OFF-RESERVE POST-SECONDARY SUPPORT PROGRAM

Application for Post-Secondary Assistance

(1) Student Identifier (Please check one)

New Student: _____ From UCEP: _____ Re-enrollment: _____

(2) Basic Student Information

Surname:	Given Name (s):	Phone #; E-mail:
Address:	D.O. B: _____ <i>Day/Month/Year</i>	Gender:
	Indian Registry Number:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Dependents: Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, how many: _____	Allowance Category: _____	Canadian Resident: Yes: <input type="checkbox"/>
	SIN: _____	No: <input type="checkbox"/>

Previous Units: UCRPP _____ Level I _____ Level II _____ Level III _____

(3) Education Plan

Category:	Attendance: Full time: _____ Part time: _____	Type of Program: Community College ____ University Program ____ BA __ MA __ PHD __
Name of Program/Course:	Name of Institution:	Location/Phone #
Length of Program (Years):	Year of Study (<i>i.e. first, second</i>):	Date of Graduation: _____ Year/Month/Day
Institution Acceptance (<i>check one</i>): Full <input type="checkbox"/> Conditional <input type="checkbox"/>		Training Start/ End Date _____ to _____ Year/Month/Day Year/Month/Day

(4) Estimated Cost (please circle ONE SEMESTER that you are applying for in each column)

	Fall	Winter	Spring	Summer	20____	Fall	Winter	Spring	Summer	20____	
Tuition											
Books											
Living Allowance											
Seasonal Travel											
Mandatory Fee Costs											
Total Cost											
Student Months:						Student Months:					

I have read and agree to the conditions for this financial assistance:

Signature

Date

For office use only:

Confirmation of Acceptance: Yes: _____ No: _____ Date Application Received _____

Marks Received: Yes: _____ No: _____ Average last semester: _____% (if applicable)