

SURNAME

GIVEN NAME

INITIAL (S)

MAILING ADDRESS

CITY

PROVINCE

POSTAL CODE

DEPENDENTS

YES☐

NO☐

NUMBER OF DEPENDANTS☐ (Excluding Spouse)

Income Tax Statement Attached

YES☐

NO☐

Telephone:

Cell Phone:

E-mail:

CONTINUING STUDENT☐

HIGH SCHOOL GRADUATE☐

MATURE STUDENT☐

SPECIAL NEEDS STUDENT☐

BAND REGISTRY NUMBER: (10 digit number)

STUDENT NUMBER:

EXPECTED ENROLLMENT DATE:

NAME OF UNIVERSITY/ COLLEGE	PROGRAM TITLE	LENGTH OF PROGRAM	DATE OF GRADUATION	F/T P/T

INSTITUTIONAL ACCEPTANCE LETTER ATTACHED:

FINAL☐

CONDITIONAL☐

I hereby certify that all statements are correct and complete. I understand that I must provide the official Acceptance Letter immediately upon receipt for this application to be considered complete. Any misrepresentation may result in termination. Also I acknowledge that I have received and read the Sagamok Post Secondary Student Support Policy.

SIGNATURE:

DATE:

*OFFICE USE ONLY

APPROVED☐

DECLINED☐

REASON:

AUTHORIZED SIGNATURE:

DATE: