

DEADLINE DATE: JUNE 8TH

A. APPLICANT INFORMATION

Legal Full Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common law <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Other				
Permanent Address:		City/Town:	Province:	Postal Code: P.O Box:
Temporary Address:		City/Town:	Province:	Postal Code:
Band Registry Number:	Email:	Phone number:		
Continuing Student: <input type="checkbox"/>		High School Graduate: <input type="checkbox"/>	Mature Student: <input type="checkbox"/>	Residence Application: Yes <input type="checkbox"/> No <input type="checkbox"/>

B. INDIVIDUALIZED LEARNING SUPPORTS

Documented Special Needs (physical, mental, learning, etc.)		Yes	No
Recent Assessment Attached: Yes No Will provide when approved for funding			
Accommodations/Resources Supports/Equipment Required:		Tutor <input type="checkbox"/> Special Equipment <input type="checkbox"/>	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:			

C. INSTITUTION INFORMATION

Expected Enrollment Date:		Fall Term (Sept-Dec)	Winter Term (Jan-April)	
Expected Graduation Date:		Spring Term (May-August)		
Student Number:				
Name of College	Program Title	Length of Program	Current Year of Program	FT/ PT
			<input type="checkbox"/> First Year <input type="checkbox"/> Second Year <input type="checkbox"/> Third Year <input type="checkbox"/> Fourth Year	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Name of University	Program Title	Length of Program	Current Year of Program	FT or PT
			<input type="checkbox"/> First Year <input type="checkbox"/> Second Year <input type="checkbox"/> Third Year <input type="checkbox"/> Fourth Year	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

D. CERTIFICATION

I hereby certify that all statements are true and correct and understand that any misrepresentation may result in discontinuance.

I understand that I must provide the official acceptance letter immediately upon receipt for this application to be considered complete.

Also I acknowledge that I have received and read the Sagamok Post-Secondary Student Support Program Policy.

Applicant Signature

Date

*Office Use Only

CONDITIONAL APPROVAL FOLLOW-UP APPROVED: DECLINED: REASON:

AUTHORIZED SIGNATURE: _____ DATE: _____