



Pasqua FIRST NATION

CONTINUING APPLICATION FORM:

APPLICANT STATUS: FULL-TIME _____ PART-TIME _____

SEMESTER APPLYING FOR: FALL _____ WINTER _____ SPRING/SUMMER _____

DEADLINE DATES: JUNE 15TH FOR FALL SEMESTER
NOVEMBER 15TH FOR WINTER SEMESTER
MARCH 15ST FOR SPRING/SUMMER (Conditions Apply)

LATE, INCOMPLETE OR NO APPLICATION WILL TERMINATE YOUR FUNDING

STUDENT INFORMATION:

NAME: _____ TELEPHONE NUMBER: _____
ADDRESS: _____ INSTITUTION EMAIL: _____
_____ TREATY NUMBER: _____
_____ NUMBER OF DEPENDANTS: _____

PROGRAM INFORMATION:

STUDENT NUMBER: _____ LENGTH OF PROGRAM: _____

INSTITUTION ATTENDING: _____

PROGRAM: _____

LOCATION: _____

YEAR 1: _____ YEAR 2: _____ YEAR 3: _____ YEAR 4: _____

NUMBER OF CLASSES REMAINING TO COMPLETE STUDIES: _____

NUMBER OF MONTHS USED BY PSSSP (maximum 48 months): _____

CONTINUING APPLICATIONS MUST INCLUDE THE FOLLOWING

- Unofficial Transcripts
- Class Registration
- Tracking Sheet/Program Outline

I HEREBY AUTHORIZE THAT THE ABOVE INFORMATION IS CORRECT AND THAT ANY INFORMATION CONCERNING MY ACADEMICS BE RELEASED UPON REQUEST TO THE PASQUA POST SECONDARY STUDENT SUPPORT PROGRAM. I WILL ACCEPT RESPONSIBILITY FOR SATISFACTORY COMPLETION OF MY ACADEMIC REQUIREMENTS AND MANAGE THE EDUCATION ASSISTANCE TO THE BEST OF MY ABILITY. I WILL PROVIDE TRANSCRIPTS AND CLASS REGISTRATION AS SOON AS I AM IN RECEIPT OF THEM TO THE POST SECONDARY STUDENT SUPPORT PROGRAM AND I UNDERSTAND THAT FAILURE TO DO SO WILL SUSPEND MY FUNDING.

STUDENT SIGNATURE: _____ DATE: _____