



Nunatsiavut Government - PSSSP



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APPLICATION FOR EDUCATIONAL ASSISTANCE

Full Name: _____

Maiden Name: _____

Current Mailing Address: _____

Phone #: _____

Postal Code: _____

Email: _____

SIN: _____

Membership #: _____

Birthdate: _____ Yr _____ Mth _____ Day

Sex: Male Female Marital Status: Single Married

Common Law Separated Divorced

Spouse's Name: _____

of Dependents: _____

List Dependent's Names: _____

Birthdate: _____ Yr _____ Mth _____ Day

Birthdate: _____ Yr _____ Mth _____ Day

Birthdate: _____ Yr _____ Mth _____ Day

Birthdate: _____ Yr _____ Mth _____ Day

Your current source of income: Salary EI Self-Employed Social Assistance No Income
Other: _____

Spouse's current source of income: Salary EI Self-Employed Social Assistance No Income
Other: _____

Program of Studies: _____ Program Length: _____ Year of Study: _____ (ie: 1st, 2nd, etc.)

If you are applying to a transition/preparatory program (ex: CAS/CUTY), please indicate the area of study you are preparing for: _____

Program Type: Certificate Diploma Undergraduate Degree Master's Ph.D Other _____

Institution: _____ Location: _____

Second Choice: _____ Location: _____

Have you applied to the institution(s)? Yes No Have you /Are you applying for residence? Yes No

Previous education since high school (specify program & school): _____

Program completed? Yes No If yes, date of completion: _____ (Year)

Previous Funding: PSSSP Inuit Pathways HRE Other : _____

Program status applying for: Full-Time Part-Time Correspondence/Distance # of courses: _____

Semester: Fall Winter Spring Intersession Summer Session Start Date: _____ Yr _____ Mth _____ Day

Living arrangements while attending school: own home renting/boarding campus residence
living with employed parent(s) with unemployed parent(s)

of People Travelling: _____

I hereby confirm that:

I do not have an income; therefore, I make application for full-time financial assistance and accept the following conditions;

Or I make application for part-time financial assistance and accept the following conditions:

- to meet the standards required by the institution for continuation in my studies;
- to provide transcripts or statements of performance at the end of each semester to the Program Director or Education Officer;
- to report any changes to my student and/or program status promptly;
- to manage the education assistance to the best of my ability;
- to follow and adhere to all rules and regulations outlined in the program guidelines; and
- I authorize the Nunatsiavut Government Education Staff to disclose or discuss my student file and progress with my parent(s)/guardian(s).

Applicant Signature: _____

Date: _____