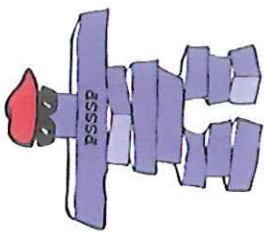




95 LeMarchant Road, Suite 203
St. John's, NL A1C 2H1
E-mail: psssp@nunatsiavut.com

Nunatsiavut Government - PSSSP

Telephone: (709) 754-2587
Toll Free: 1-877-777-2589
Fax: (709) 754-2364



APPLICATION FOR EDUCATIONAL ASSISTANCE

Application deadline date is March 01

Print clearly. Please note: Applications not filled out completely will be voided and returned to applicant

Personal Information

Full Name: _____ Maiden Name: _____
 Current Mailing Address: _____ Phone #: _____
 City/Town _____ Email: _____
 Province: _____ Postal Code: _____ SIN: _____
 Beneficiary Membership #: _____ Birthdate: Yr Mth Day
 Sex: Male Female
 Marital Status: Single Married Divorced Separated Common Law *(See note below)
 Spouse's Name: _____ *How long have you been living together as a common-law couple? _____
 # of Dependents: _____
 List Dependent's Names: _____
 Birthdate: Yr Mth Day
 Birthdate: Yr Mth Day
 Birthdate: Yr Mth Day
 Birthdate: Yr Mth Day

Has your spouse applied for or is he/she currently funded under the PSSSP or Inuit Pathways programs for this year? Yes No

Program Information

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 of Institution: _____ Location: _____
 Have you applied to the institution(s)? Yes No Have you /Are you applying for residence? Yes No

Program status applying for: Full-Time Part-Time Correspondence/Distance # of courses in Semester 1: _____
 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 Traveling: _____

Currently attending High School: 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 : _____

I hereby confirm that:

- I will not have an income while attending post secondary studies; 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:
1. to meet the standards required by the institution for continuation in my studies;
 2. to provide transcripts or statements of performance at the end of each semester to the PSSSP staff.
 3. to report any changes to my student and/or program status promptly;
 4. to manage the education assistance to the best of my ability;
 5. to follow and adhere to all rules and regulations outlined in the program guidelines; and
 6. I authorize the Nunatsiavut Government Education Staff to disclose or discuss my student file and progress with my parent(s)/guardian(s), if applicable.

Applicant Signature: _____ Date: _____