



# Nunatsiavut Government - PSSSP

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## 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

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 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/boarded  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 <input type="checkbox"/> No <input type="checkbox"/> If yes, date of completion: _____ (Year)
Previous Funding: PSSSP <input type="checkbox"/> Inuit Pathways <input type="checkbox"/> HRE <input type="checkbox"/> 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: \_\_\_\_\_