

APPLICATION FOR EDUCATIONAL ASSISTANCE (CONFIDENTAL WHEN COMPLETED)

| Surname | First Name | Second Name(s) | |
|--|---|---|--------------------|
| | | | |
| E | EDUCATIONAL INFORM | TION | |
| High School Graduate: Yes No | | High School: | |
| Have you applied for educational assista If yes, please complete the following: | | | |
| | | | |
| Married/Common Single F If married/common-law, is spouse attend <i>If yes, who is the sponsoring agency</i> Has spouse claimed dependents? <i>Y</i> Employment of Spouse: Employed Employed Self I Not i | Parent I ding a post secondary institution? ? es No If yes, number of Part-Time Full-Time Employed If not emplo | Yes No dependents claimed by spouse: yed, spouses source of income: (| eg. UI, etc.) |
| List your dependents, <i>if they are residing</i> Name | g with you; and include their date of Birth | f birth, band and number. Band and Number | Childcare Req'd |
| | | | Yes/No |

| Emergency Contact Person | Home # | Work # |
|--------------------------|--------|--------|
| | | |

I declare that all information provided is complete and accurate and will advise the Authority of any changes immediately and failure to do so may affect the outcome of my application.