

## 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.