



## APPLICATION FOR EDUCATIONAL ASSISTANCE (CONFIDENTIAL WHEN COMPLETED)

STUDENT IDENTIFIER			
New Student	<input type="checkbox"/>	Priority: <input style="width: 40px;" type="text"/>	Birth Date: <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>
From UCEPP	<input type="checkbox"/>		DD / MM / YYYY
Re-Enrolment	<input type="checkbox"/>		

BASIC STUDENT INFORMATION					
Surname		Given Name		Second Name(s)	
Permanent Address (street/box, city, province, postal code)				Phone	
Temporary Address (street/box, city, province, postal code) Address while a School				Phone	
Registration # (10 digit #)		S.I.N.		E-mail (required)	
Sex <i>Female</i> <i>Male</i>		Marital Status <i>Single</i> <i>Married/Common-Law</i> <i>Single Parent</i>		# of Dependents	
Residence <i>On-Reserve</i> <i>Off-Reserve</i> <i>Crown Land</i>		Canadian Residence <i>Yes</i> <i>No</i>		Bill C-31 <i>Yes</i> <i>No</i>	
Previous Units (Months Funded) UCEPP _____ Level I _____ Level II _____ Level III _____					

EDUCATION PLAN					
Type of Program <i>Community College</i> <i>University Diploma</i> <i>B.A.</i> <i>M.A.</i> <i>Ph.D.</i>			Attendance <i>Full-time</i> <i>Part-time</i>		
Course/Program of Study		Student #	Length of Program (yrs.)	Year of Study	
Institution Name		Institution Address		Province	Postal Code
Institution Acceptance <i>Final</i> <i>Continued</i> <i>Conditional</i>		Training Date from ___/___/___ to ___/___/___		Graduation Date ___/___/___	
		DD / MM / YYYY		DD / MM / YYYY	DD / MM / YYYY

***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.***

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

ESTIMATED COSTS (For Office Use Only)											
FISCAL YEAR		20__/20__				FISCAL YEAR		20__/20__			
Tuition						Tuition					
Textbooks						Textbooks					
<i>Total Instruction</i>						<i>Total Instruction</i>					
Regular Living Allowance						Regular Living Allowance					
Childcare Allowance						Childcare Allowance					
Seasonal Travel						Seasonal Travel					
Moving Allowance						Moving Allowance					
Incentive						Incentive					
Other Costs:						Other Costs:					
Other Costs:						Other Costs:					
<i>Total Support Costs</i>						<i>Total Support Costs</i>					
<b>TOTAL COSTS</b>						<b>TOTAL COSTS</b>					
Student Months						Student Months					

**HEA COUNSELLOR'S COMMENTS**

Recommended	
Not Recommended	
Funding Dependent	

\_\_\_\_\_ Counsellor's Signature \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_