



**Micmacs of Gesgapegiag
POST-SECONDARY EDUCATION SUPPORT PROGRAM**

APPLICATION FORM

IF this is your FIRST application, please fill out ALL sections. IF you are re-enrolling, please fill out ALL sections.

*IF you are a continuing student, please fill out Sections **A, C, E, F, G**, and **B** only if your status has changed.*

See Post-Secondary Education Support Program Policy for required documentation when submitting application (sec. 6.2, p. 9).

Please check (✓) appropriate box:	<input type="checkbox"/> First Application	<input type="checkbox"/> Re-Enrollment	<input type="checkbox"/> Continuing Student
-----------------------------------	--	--	---

SECTION A

CONTACT INFORMATION

Last Name		First Name	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Permanent Address:	
E-Mail			
Home Number	Student Address:		
Cell Number			

SECTION B

PERSONAL INFORMATION

Date of Birth		Certificate of Indian Status No.	052-
S.I.N.		Mature Student (25+)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Civil Status		No. of Deps. (Birth Cert. req'd)	

SECTION C

PROOF OF ADMISSION

<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	College: <input type="checkbox"/> ACS <input type="checkbox"/> DCS <input type="checkbox"/> DEC	University: <input type="checkbox"/> Certificate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate	
Name of Institution		Program/Course	
Length of Program		Address	
<u>Current Year of Study</u>		<u>Expected Date of Graduation</u>	
Effective Period: <input type="checkbox"/> Fall Semester <input type="checkbox"/> Winter Semester <input type="checkbox"/> Spring Semester <input type="checkbox"/> Summer Semester			
Student's in a CO-OP program, please state which semester you plan to do your paid work placement (<i>see below</i>):			
<input type="checkbox"/> Fall Semester <input type="checkbox"/> Winter Semester <input type="checkbox"/> Spring Semester <input type="checkbox"/> Summer Semester			

SECTION D

HIGH SCHOOL INFORMATION

Name of School	Year Graduated
Address	G.E.D. Year
Grade Completed	G.E.D. Grade

SECTION E

If you were funded in the past by the Micmacs of Gesgapegiag to pursue post-secondary studies, please complete this section.

POST-SECONDARY STUDIES RECORD

Year	Institution	Field	Year of Study

SECTION F

Please state your current financial situation

CURRENT FINANCIAL SITUATION

<input type="checkbox"/> Employed (specify name of employer) <input type="checkbox"/> Employment Insurance Benefits (EI) <input type="checkbox"/> Income Assistance <input type="checkbox"/> Other (Please Specify)

SECTION G

AGREEMENT

I hereby apply for post-secondary education financial support from the Micmacs of Gesgapegiag and confirm that the information provided above is true. If there is any change to my student status I will immediately inform the Student Services Coordinator prior to my final decision.

SIGNATURES

Signature		Date	
-----------	--	------	--

