

1. Continuing Student
2. New Student—HS grad
3. New Mature Student
4. Previously Successful/ Returning
5. Return to Same or Lower Level after grad/previous
6. Return to Previously Sponsored Students

ENTERED in PS Dbase
FALL (Sept-Dec)
WINTER (Jan-Apr)
SUMMER (May—Aug)
<b>BIRTH DATE</b>
/ /
YEAR / MONTH / DAY

**BASIC STUDENT INFORMATION**

**Priority #** **Registry#** (copy of status card required) **APPLICATION DATE**

20	/	/
YEAR	/ MONTH	/ DAY

/ /
YEAR / MONTH / DAY

**Last Name (and Maiden Name if Applicable)** **First Name** **Gender** **Cell Phone Number**

MALE
FEMALE
OTHER

**Permanent Address** **City** **Prov.** **Postal Code**

**Address While Attending School (Street Address and City)**  same as above  residence **Prov.** **Postal Code**

**Home Phone Number** **Email** **Canadian** **# of Dependents**

**Allowance Category:**  
 Single     Widow     Single Parent     Married/Common Law w/Employed Spouse     Married/Common Law w/dependent Spouse

**Do you have a documented or suspected disability?**     Yes     No  
 If yes,  Physical     Vision     Acquired Brain Injury     ADHD  
 Chronic Illness/systemic/medical     Mental Health     Temporary

- Individualized Education Plan in elementary/secondary school?     Yes     No     Copy Available
- Psychological—Educational Assessment?     Yes     No     In Process

If yes, have you self-identified to:

- GRFN Education Unit Post-Secondary Counsellor?     Yes     Not yet
- College/University?     Yes     Not yet

If yes, have you submitted copies to:

- GRFN Education Unit Post-Secondary Counsellor?     Yes     Not yet
- College/University?     Yes     Not yet

**Office Notes:**

**EDUCATION PLAN \*MUST BE COMPLETED\***

**OFFICIAL NAME OF PROGRAM / COURSE**    **SCHOOL / INSTITUTION**    **CITY / LOCATION**

ATTENDANCE	CATEGORY	LEVEL OF EDUCATION APPLYING TO	
Full-Time	P1:College	1. College Certificate	5. Bachelor's Degree
Part-Time	P2:University	2. College Diploma	6. Post-Bachelor's
	P3:Graduate Studies	3. Post College Diploma	7. Master's Degree
		4. University Certificate/Diploma	8. Ph.D

**OFFICIAL ACCEPTANCE FROM SCHOOL**

Final Acceptance Received  Yes     No    Continuing Student  Yes     No    Conditional Acceptance  Yes     No

**Official Length of Program**    **Year of Academic Study**    **DATE OF GRADUATION**    **CURRENT YEAR: FROM**    **CURRENT YEAR: TO**

20	/	/
YEAR	/ MONTH	/ DAY

20	/	/
YEAR	/ MONTH	/ DAY

20	/	/
YEAR	/ MONTH	/ DAY

*I have read and agree that the information herein is true and shall apply for the purposes of defining my eligibility for Post-Secondary Assistance.*

**Student's Signature**    **Date**

**ESTIMATED COSTS (For Office Use Only)**

FISCAL YEAR / SEMESTER	FALL				WINTER				SPRING/SUMMER				NOTES: OFFICE USE ONLY
TUITION													
ANCILLARY FEES													
BOOKS & SUPPLIES													
TOTAL INSTRUCTION													
REGULAR LIVING ALLOWANCE													
HIGH RENT ALLOWANCE													
SEASONAL TRAVEL													
LEVEL III INCENTIVE													
STRATEGIC STUDIES SCHOLARSHIP													
ACADEMIC STUDIES SCHOLARSHIP													
OTHER COSTS (i.e. regular travel)													
TOTAL SUPPORT COSTS													
TOTAL COSTS													
STUDENT MONTHS													

**PREVIOUS EDUCATION**  
 Please complete the following and provide copies of all transcripts.

	LEVEL OF EDUCATION	GRADUATED	If YES, year? What School? What Program?	SPONSORED BY GRFN?
	High School diploma	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	College	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Post College Diploma	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	University Certificate/Diploma	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Bachelor's Degree	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Post-Bachelor's Degree	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Master's Degree	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Ph.D	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/>	Recommended
<input type="checkbox"/>	Not Recommended
<input type="checkbox"/>	Funding Dependent

Post-Secondary Counsellor's Signature \_\_\_\_\_

Date \_\_\_\_\_

APPROVED:  YES  NO If no, reason: \_\_\_\_\_ Date: \_\_\_\_\_

CONDITIONS?  NO  YES If yes, what are conditions: \_\_\_\_\_