

	ENTERED
	FALL
	WINTER
	SUMMER

BASIC STUDENT INFORMATION

<input type="checkbox"/> New Student <input type="checkbox"/> Re-Enrolment	Priority <div style="background-color: yellow; width: 20px; height: 20px;"></div>	Admin Org 411	Registry # 1990__ __ __ 0__	APPLICATION DATE 20 / / YEAR / MONTH / DAY	BIRTH DATE / / YEAR / MONTH / DAY
Last Name (Maiden Name if Applicable) <input style="width: 100%;" type="text"/>		First Name <input style="width: 100%;" type="text"/>		Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
Permanent Address <input style="width: 100%;" type="text"/>		City <input style="width: 100%;" type="text"/>		Cell Phone Number () <input style="width: 100%;" type="text"/>	
Address – (while attending school) <input style="width: 100%;" type="text"/>		City – (while attending school) <input style="width: 100%;" type="text"/>		Prov. Postal Code <input style="width: 100%;" type="text"/>	
Home Phone Number () <input style="width: 100%;" type="text"/>		Email <input style="width: 100%;" type="text"/>		Canadian Resident Dependents <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Single		<input type="checkbox"/> Single Parent		<input type="checkbox"/> Married/Common Law w/Employed Spouse	
				<input type="checkbox"/> Married/Common Law w/Dependent Spouse	

EDUCATION PLAN

PROGRAM / COURSE <input style="width: 100%;" type="text"/>	SCHOOL / INSTITUTION <input style="width: 100%;" type="text"/>	CITY / LOCATION <input style="width: 100%;" type="text"/>											
ATTENDANCE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	CATEGORY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>P1: College</td></tr> <tr><td>P2: University</td></tr> <tr><td>P3: Grad Studies</td></tr> </table>	P1: College	P2: University	P3: Grad Studies	TYPE OF PROGRAM <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>College Certificate</td><td>B.A.</td></tr> <tr><td>College Diploma</td><td>Post Degree</td></tr> <tr><td>Post Diploma</td><td>M.A.</td></tr> <tr><td>University Certificate/Diploma</td><td>Ph. D.</td></tr> </table>	College Certificate	B.A.	College Diploma	Post Degree	Post Diploma	M.A.	University Certificate/Diploma	Ph. D.
P1: College													
P2: University													
P3: Grad Studies													
College Certificate	B.A.												
College Diploma	Post Degree												
Post Diploma	M.A.												
University Certificate/Diploma	Ph. D.												
Length <input style="width: 100%;" type="text"/>	Current YR <input style="width: 100%;" type="text"/>	DATE OF GRADUATION 20 / / YEAR / MONTH / DAY											
	Institution Acceptance <input type="checkbox"/> Final <input type="checkbox"/> Continued <input type="checkbox"/> Conditional	FROM TO 20 / / YEAR / MONTH / DAY											

ESTIMATED COSTS (For Office Use Only)

	FISCAL YEAR / SEMESTER ____ / ____	_____ / _____	_____ / _____	_____ / _____	
APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO CONDITIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	TUITION				
	BOOKS & SUPPLIES				
	TOTAL INSTRUCTION				
	REGULAR LIVING ALLOWANCE				
	HIGH RENT ALLOWANCE				
	SEASONAL TRAVEL				
	LEVEL III INCENTIVE				
	STRATEGIC STUDIES SCHOLARSHIP				
	ACADEMIC STUDIES SCHOLARSHIP				
	OTHER COSTS				
	TOTAL SUPPORT COSTS				
	TOTAL COSTS				
	STUDENT MONTHS				

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

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

Counsellor's Signature

Date