

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

GRFN Application for Post-Secondary Education Assistance  
CONFIDENTIAL WHEN COMPLETED

ENTERED in PS Dbase
FALL (Sept-Dec)
WINTER (Jan-Apr)
SUMMER (May-Aug)

BASIC STUDENT INFORMATION

Priority # Registry# (copy of status card required)

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1990

APPLICATION DATE

20	/	/
YEAR	/ MONTH	/ DAY

BIRTH DATE

	/	/
YEAR	/ MONTH	/ DAY

Last Name (and Maiden Name if Applicable)

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First Name

--

Gender

MALE
FEMALE
OTHER

Cell Phone Number

( )
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Permanent Address

--

City

--

Prov.

--

Postal Code

--

Address While Attending School (Street Address and City) ☐ same as above ☐ residence

--

Prov.

--

Postal Code

--

Home Phone Number

( )
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Email

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Canadian

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# of Dependents

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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:

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EDUCATION PLAN \*MUST BE COMPLETED\*

OFFICIAL NAME OF PROGRAM / COURSE

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SCHOOL / INSTITUTION

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CITY / LOCATION

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ATTENDANCE

Full-Time
Part-Time

CATEGORY

P1:College
P2:University
P3:Graduate Studies

LEVEL OF EDUCATION APPLYING TO

1. College Certificate	5. Bachelor's Degree
2. College Diploma	6. Post-Bachelor's
3. Post College Diploma	7. Master's Degree
4. University Certificate/Diploma	8. Ph.D

OFFICIAL ACCEPTANCE FROM SCHOOL

Final Acceptance Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Continuing Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Conditional Acceptance <input type="checkbox"/> Yes <input type="checkbox"/> No
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Official  
Length of  
Program

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Year of  
Academic  
Study

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DATE OF GRADUATION

20	/	/
YEAR	/ MONTH	/ DAY

CURRENT YEAR: FROM

20	/	/
YEAR	/ MONTH	/ DAY

CURRENT YEAR: TO

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: \_\_\_\_\_