



Listuguj Education, Training & Employment Directorate

Listuguj Mi'gmaq Government

PSSP FINANCIAL ASSISTANCE APPLICATION 2018-2019

STUDENT INFORMATION

Student Name:		Date of Birth: (month/day/year)		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Permanent Home Address:		City:	Province:	Postal Code:	
Phone Number:		Email: <i>(most often used)</i>			
Address While Studying:		City:	Province:	Postal Code:	
I will be staying in Residence: <input type="checkbox"/> No <input type="checkbox"/> Yes		Band Number: 051-			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Single living with employed parent		<input type="checkbox"/> Married with employed spouse <input type="checkbox"/> Married with dependent spouse		Dependents: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, how many? _____ (Birth Certificated Required)	

EDUCATION PLAN

Name of Educational Institution:	
Name of Program:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
What type of program? <input type="checkbox"/> Bridging Year (<i>College/University Prep</i>) <input type="checkbox"/> Undergraduate degree (<i>normally 4-year duration</i>)	
<input type="checkbox"/> Certificate (<i>normally 1 year duration</i>) <input type="checkbox"/> Graduate/Masters	
<input type="checkbox"/> Diploma (<i>normally 2-year duration</i>) <input type="checkbox"/> Doctorate	
How many years is the program?	What is your expected graduation date?
Effective period (<i>check all that apply</i>): <input type="checkbox"/> Fall (<i>Sept – Dec</i>) <input type="checkbox"/> Winter (<i>Jan – Apr</i>) <input type="checkbox"/> Spring (<i>May – June</i>) <input type="checkbox"/> Summer (<i>July – Aug</i>)	

Briefly describe your future career goals:

POST-SECONDARY STUDIES RECORD

Year	Institution	Field	Status (complete, incomplete, graduated)

FINANCIAL SITUATION AS OF START DATE

Employed Employment Insurance (EI) Social Assistance Other (specify): _____

I hereby apply for financial assistance under the Post-Secondary Student Support Program (PSSSP) for the period indicated. The above information is accurate to the best of my knowledge. I agree to provide proof of registration at the beginning of each term, a copy of my results at the end of each term, and report any changes and/or program status promptly.

I authorize the Listuguj Education, Training & Employment Directorate to have access to files concerning my current financial situation.

Signature of Applicant: _____ Date: _____