



4. \_\_\_\_\_ age: \_\_\_\_\_ birth date: mon: \_\_\_\_\_ day: \_\_\_\_\_ year: \_\_\_\_\_  
5. \_\_\_\_\_ age: \_\_\_\_\_ birth date: mon: \_\_\_\_\_ day: \_\_\_\_\_ year: \_\_\_\_\_

Dependents are attending which school? \_\_\_\_\_

Address & phone number of school: \_\_\_\_\_

## B. COURSE INFORMATION

PROGRAM OR COURSE OF STUDY	INSTITUTION	LOCATION
_____	_____	_____

Please provide information you have concerning the cost of your study program:  
Tuition per year: \$ \_\_\_\_\_ texts or study modules: \$ \_\_\_\_\_ Other: (specify) \$ \_\_\_\_\_  
Do you seek: Certificate? \_\_\_\_\_ Diploma? \_\_\_\_\_ Degree? \_\_\_\_\_ Masters? \_\_\_\_\_  
Date of Graduation: \_\_\_\_\_

If you are a continuing student, what year of your study program are you in ?  
Year one \_\_\_\_\_ Year two \_\_\_\_\_ Year three \_\_\_\_\_ Year four \_\_\_\_\_ Masters =Year five \_\_\_\_\_

## C. EDUCATION

PLEASE ATTACH SUPPORTING DOCUMENTS TO PROVE THE FOLLOWING QUESTIONS

Highest grade level completed: \_\_\_\_\_ Year: \_\_\_\_\_ Name of High School: \_\_\_\_\_

Please check one; Method obtained:

- Regular School
- ABE
- GED

D. POST SECONDARY EDUCATION HISTORY–beyond high school level

Please provide all Post Secondary Programs and/or Technical Training you have acquired beginning with the most recent: \*Addition info may be added on the back of page

INSTITUTION                      LENGTH OF COURSE                      COMPLETED? (Y/N)      SPONSORED BY?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

E. PRIVACY ACT FOR TERM 1 YEAR: \_\_\_\_\_ FOR TERM 2: YEAR: \_\_\_\_\_

The information you provide on this document is for the purpose of resourcing and administering post secondary student financial assistance. Personal information that you provide is protected under the provisions of the Privacy Act.

I hereby authorize that information concerning my academics may be released upon request to the Big River First Nation Post Secondary Student Support Program. I will complete a student monitoring report signed by an education counsellor at my institution of study. I accept responsibility to complete and satisfy the academic requirements at my place of study. I will manage the education assistance to the best of my ability. I will provide a transcript of marks to the Big River First Nation Post Secondary Program after each semester of study as requested.

Student' s signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_