



**POST SECONDARY STUDENT SUPPORT PROGRAM**

**APPLICATION**

**PERSONAL INFORMATION**

FULL NAME:		STATUS CARD#
SOCIAL INSURANCE # (REQUIRED FOR THE ISSUANCE OF T4A'S)		
DATE OF BIRTH: Y/M/D	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE

**COURSE INFORMATION**

WHAT COURSE/PROGRAM WILL YOU BE TAKING:	
WHAT INSTITUTE WILL YOU BE ATTENDING:	
WHEN DOES THE COURSE START? Y/M/D	WHEN DOES THIS COURSE END? Y/M/D
ACCREDITATION SOUGHT?	
<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time - MUST be a 3 or more course load
Expected graduation year:	# of years assistance is requested:

**MAILING ADDRESS**

Full address where cheque will be mailed:		Permanent address when not attending school:	
Telephone #:		Telephone#:	
<b>Marital Status:</b> <input type="checkbox"/> Single, living w/ parents <input type="checkbox"/> Single <input type="checkbox"/> Married w/employed spouse <input type="checkbox"/> Married w/dependant spouse <input type="checkbox"/> Single Parent w/dependants	Names of Dependants	Age	Relationship to you

**EDUCATION HISTORY**

Date Attended	Name of Institution	Program	Year Completed

**"VERY IMPORTANT"**

*I declare that the information submitted in this application is true, correct and complete and that the financial assistance sought will be used for the education purposes set out as said. I understand that if I have given any false or misleading information, I will be liable for criminal proceedings if I obtain funding under false pretenses, or will be liable for full repayment of my grant.*

Are you or your spouse receiving funds from any other source?  
 If you answered yes please specify any other source of funding

\_\_\_\_\_

\_\_\_\_\_

I understand the above clause and agree. \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT SIGNATURE Δ

RECEIVED ON:	
REVIEWED BY:	DATE:
APPROVED:	DATE:

**Contact Information:**

All application ate to be mailed or faxed to : Post Secondary Education  
 Ta'an Kwach'an Council, 117 Industrial Rd, Whitehorse Yukon Y1A 2T8  
 PH: (867)668-3613 Fax:(867) 667-4295  
 If faxing, PLEASE follow up with a telephone call to confirm receipt.

**APPLICATION DEADLINES: Fall start - JULY 15, Winter start - NOV 15, Summer start - MAR 15.**

Eligibility for sponsorship is only open to Yukon Status First Nation individuals. Please include a photocopy of your status card.