

**APPLICATION**  
**POST SECONDARY EDUCATION ASSISTANCE PROGRAM**

**Personal Information**

|  |  |                     |  |
|--|--|---------------------|--|
| 1. application name                                  |  | date:               |  |
| 2. home phone number<br>cell phone number            | 3. social insurance number   |                     |  |
| 4. e-mail address                                    | 10. dependents under age of 16 living with applicant<br><br>(please write below) |                     |  |
| 5. birth date (m-d-y)                                | Names of children  | birth dates (m-d-y) |  |
| 6. marital status M = married, S = single, O = other | a)   |                     |  |
| 7. gender M = male, F = female                       | b)   |                     |  |
| 8. SIFN membership #                                 | c)   |                     |  |
| 9. full home mailing address                         | d)   |                     |  |
|  | e)   |                     |  |
|  | f)   |                     |  |
|  | g)   |                     |  |

## Training Information

|   |   |
|---|---|
| 1. Name:  | 2. Program applied for:                                   |
| 3. Institution & Location   |   |
| 4. Have you been accepted? y = yes, N = no                          | 5. If yes, please attach acceptance letter.               |
| 6. Program start date: (m-d-y)                                      | 7. Program end date: (m-d-y)                              |
| 8. Did you graduate from high school?<br>Y = yes, N = no            | 9. If yes, what year? If no, what grade did you complete? |
| 10. Have you already completed any type of training? Y= yes, N = no | 11. Type & Insitution                                     |
| 12. Length of training:   | 13. Year completed: (m-d-y)                               |
| 14. Mailing address at school:                                      | 15. Phone number at school:                               |

