

APPLICATION
POST SECONDARY EDUCATION ASSISTANCE PROGRAM

Personal Information

1. application name		date:	
2. home phone number	3. social insurance number		
cell phone number			
4. e-mail address	10. dependents under age of 16 living with applicant (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? 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:

Employment Information

1. Are you living with a parent? **YES** **NO**

2. Are you living with a spouse? **YES** **NO**

3. If yes, spouse's name: _____

4. Do you travel more than 50 km (one way) from your residence to your area of training?

YES **NO**

5. Mode of travel: (car, ferry, etc.) **YES** **NO**

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS DOCUMENT IS TRUE AND CORRECT AND THAT SHOULD MY STATUS CHANGE I WILL IMMEDIATELY INFORM THE MAMU TSHISHUTAMASHUTAU-INNU EDUCATION DEPARTMENT OF ANY CHANGES.

CLIENT SIGNATURE

____-____-____

DATE (M-D-Y)

FOR OFFICE USE ONLY

This is to certify that the applicant meets all the requirements for funding under MTIE's PSEA program

Signature	Date (d-m-y)
Approved for funding? (circle one) YES NO	Date (d-m-y)