



Northern Nishnawbe Education Council
Post-Secondary Program
 21 King Street, P.O. Box 1419
 Sioux Lookout ON P8T 1B9
 Telephone 807-737-2002 Fax 807-737-1230

Sioux Lookout
 1-800-465-3626
 Thunder Bay
 1-888-203-8312

Deadline for Applications
 Spring/Summer March 15
 Fall/Winter: May 15
 Winter Term: October 15

Application Date: _____

Academic Year: _____

New Student/Grade 12:

Returning Student:

APPLICATION FOR POST SECONDARY ASSISTANCE

STUDENT INFORMATION

Full Name:

 (First) (Middle) (Last)

Permanent Address:

 (Apt #, Street #, Box #) (City/Town) (Postal Code)

While in school:

 (Apt #, Street #, Box #) (City/Town) (Postal Code)

Date of Birth: _____
 (MM, DD, YYYY)

Registry Number: _____
 (10 digits)

Social Insurance Number: _____ - _____ - _____

Telephone: (____) _____ - _____ **Cell:** (____) _____ - _____

Email Address: _____

Have you been living in Canada for the last 12 months? Y N

Emergency contact Name & Number: _____

PERSONAL INFORMATION

Single: Married: Common Law: Date relationship was established: D ___/M___/Y___

Is your spouse employed? Y N

Last high school attended: _____

Year/ Grade last attended: _____ Did you Graduate? Y N Pending

DEPENDANT INFORMATION

 Registry No. Dependent's name Relationship Age (DOB) Resides with me

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Registry No. _____	Dependent's name _____	Relationship _____	Age (DOB) _____	Resides with me _____
Registry No. _____	Dependent's name _____	Relationship _____	Age (DOB) _____	Resides with me _____
Registry No. _____	Dependent's name _____	Relationship _____	Age (DOB) _____	Resides with me _____

EDUCATION PLAN

Program Name: _____

Institution: _____

Campus Location: _____

Program Delivery: On-Campus Distance Ed Modular

Attendance: Full-Time Part-Time Expected Graduation Date ____/____/____

Start Date: ____/____/____ to ____/____/____ Regular (F/W): _____
D M Y D M Y Intercession:(S/S): _____

of Credits _____ # of Courses _____ Length of Program _____ Year of Study _____

DECLARATION

- Education Assistance Form
- Release of Information
- Band Letter of Support
- Photocopy of Valid Status Card
- Offer of Admission/Letter of acceptance
- High School Transcript
- Post Secondary Transcripts

The information provided herein, to the best of my knowledge, is accurate and current. I have read and agree to the terms and conditions governing NNEC Post Secondary Student Support Program financial assistance. In compliance, the required listed documents are attached or are forthcoming.

Student Signature

Date

OFFICE USE ONLY

Student Status:	Application Status:	Priority Level	Living Allowance:
New	Approved	1	Tuition:
Returning	Pending	2	Travel:
	Waitlist	3	Books:
	Not approved	4	

Notes: _____

