Elsipogtog First Nation – Education Authority Post-Secondary Student Support Program Application form Applicant Information				
Date of birth:	Band No.:		Phone:	
Number of Dependents:				
Name of Dependents:				
Current Address:				
City:	Province:			
Mailing Address:				
City:	Province:		Postal Code:	
Email:				
INSTITUTION YOU PLAN TO ATTEND				
Name of Institution:				
Address:				
City:	Province:		Postal Code:	
Phone:				
Student No. (If Known):				
Please Check: Reside	ence ( )	Rent (	)	
Degree Sought:		Years Completed/Prog	ram Length:	
Training Dates:				
PLEASE CHECK APPROPRIATE LEVEL				
Level 2 (Undergraduate) ()Level 3 (Master's Degree) ()Level 4 (Doctorate Degree) ()				
SESSION: Fall & Winter ( ) Spring ( )	Summer ( )	Full-time (	) Part-time ( )	
PREVIOUS EDUCATION (HIGH SCHOOL/POST-SECONDARY)				
Name of Institution:		Years Attended:		
Name of Institution:		Years Attended:		
Name of Institution:		Years Attended:		
Name of Institution:		Yeats Attended:		
	ESTIMATE			
Books		\$		
Living Allowance		\$		
Materials & Supplies		\$		
Student Fees		\$		
Travel		\$		
Tuition		\$		
Total \$				
EDUCATION PLAN/CAREER GOALS & OBJECTIVES				

TERMS AND CONDITIONS				
By signing this Application Form, you agree to the following stat	tements:			
A LETTER OF ACCEPTANCE FROM THE INSTITUTION AND/OR A COPY OF OFFI SUBMITTED BEFORE YOUR APPLICATION CAN BE CONST				
I, THE UNDERSIGNER, DO HEREBY ACCPET THE RESPONSIBILITY OF STAISFYING THE ACADEMIC OR TRAINING REQUIREMENTS OF THE ABOVE-NAMED INSTITUTION AND OF MANAGING THE EDUCATION ASSISTANCE FUNDS IN A MANNER WHICH IS BOTH REASONABLE AND RESPONSIBLE.				
I AUTHORIZE THE ABOVE-NAMED INSTITUTION TO RELEASE TO THE ELSIPOGTOG FIRST NATION – EDUCATION AUTHORITY SUCH PERTENANT INFORMATION FROM MY RECORDS AS THEY MAY REQUIRE FROM TIME-TO-TIME.				
Signature of Applicant:	Date:			
Signature of PSE Director:	Date:			
Signature of Education Director:	Date:			