



## Application for Financial Assistance Post-Secondary Sponsorship Program

### SECTION 1 - PERSONAL INFORMATION

Last Name		First Name		Gender M F	
Date of Birth (yyyy/mm/dd)		Social Insurance Number (SIN)		Permanent Code	
Address (P.O. Box in Nunavik)			Postal Code		Tel. No. or Cell No. ( )
Facebook URL for Communication via Messenger			E-mail Address		
Beneficiary No.			Date Obtained (yyyy/mm/dd)		
Affiliated to the Community of			Birth Place		

### Special needs and physical disabilities

Do you have physical disabilities or special needs?	
Yes	No
If you answered yes, please specify:	

### Parents information

First and Last Name of Father	
E-mail Address	Tel. No. at Work ( )
First and Last Name of Mother (including Maiden Name)	
E-mail Address	Tel. No. at Work ( )



**Marital Status**

Single                      Single-Parent Single and living with employed parent Married with employed spouse Married with dependant spouse
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**Spouse information**

Family Name		First Name	Date of Birth (yyyy/mm/dd)
Social Insurance Number (SIN)	Beneficiary No.	Date Obtained	Affiliated to community of

**Dependants information**

Last Name and First Name	Relationship	Date of Birth (yyyy/mm/dd)	Beneficiary No.	Date Obtained

**SECTION 2 - STUDY PLAN**

Full-Time                      Part-Time
<p><b>Type of program(s) for which you intend to apply directly to the appropriate educational institution:</b></p> <p><b>Vocational Training:</b>          Diploma of Vocational Studies          Other</p> <p><b>College Level:</b>          Certificate          Attestation          Diploma          Other</p> <p><b>University Level:</b>          Bachelor's degree          Undergraduate diploma (Continuing Education)          Undergraduate certificate (Continuing Education)          Master's          Doctorate (Ph.D.)          Graduate certificate (Continuing Education)          Graduate diploma (Continuing Education)          Other</p>



Program of Study	Name of Institution
Location	Postal Code
Length of Program (write a number): _____ years      semester      months      weeks	Admission for Fall semester Winter semester
Start Date	

**Post-Secondary Sponsorship Program**

Were you previously sponsored under the school board's Post-Secondary Sponsorship Program? Yes                  No		
If you answered yes, indicate the total number years during which you were sponsored under this program: _____ years		
If you answered yes, complete the table below.		
Year	Institution	Field and Years of Study

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**\*\*IMPORTANT\*\*** In order for your application to be considered, you must attach the following documents:

1. A copy of your birth certificate
2. A copy of your health card
3. A copy of your beneficiary card
4. A copy of your social insurance card
5. A copy of your academic results for the most recent year completed in high school (transcript/report card or document issued by the Ministry of Education)
6. If applicable, a copy of your most recent academic results for any vocational training, college or university (transcript issued by the educational institution)
7. A specimen cheque or bank account number with branch information