



Pasqua FIRST NATION

CONTINUING APPLICATION FORM: Full-Time & Part-Time Students

DATE RECEIVED: _____

APPLICANT STATUS: FULL-TIME _____ PART-TIME _____

SEMESTER: FALL _____ WINTER _____

DEADLINE DATES: JUNE 30TH – FALL SEMESTER
NOVEMBER 15TH – WINTER SEMESTER

STUDENT INFORMATION: PERSONAL

NAME: _____ TELEPHONE NUMBER: _____

ADDRESS: _____ TREATY NUMBER: _____

STUDENT INFORMATION: ACADEMIC

STUDENT NUMBER: _____ LENGTH OF PROGRAM: _____

INSTITUTION ATTENDING: _____

NUMBER OF CLASSES REMAINING TO COMPLETE STUDIES: _____

NUMBER OF MONTHS USED BY PSSSP (MAXIMUM 48 MONTHS): _____

CONTINUING APPLICATIONS MUST INCLUDE THE FOLLOWING:

- Unofficial Transcript
- Class Registration
- Tracking Sheet/Program Outline

I HEREBY AUTHORIZE THAT THE ABOVE INFORMATION IS CORRECT AND THAT ANY INFORMATION CONCERNING MY ACADEMICS BE RELEASED UPON REQUEST TO THE PASQUA POST SECONDARY STUDENT SUPPORT PROGRAM. I WILL ACCEPT RESPONSIBILITY FOR SATISFACTORY COMPLETION OF MY ACADEMIC REQUIREMENTS AND MANAGE THE EDUCATION ASSISTANCE TO THE BEST OF MY ABILITY. I WILL PROVIDE TRANSCRIPTS AND CLASS REGISTRATION AS SOON AS I AM IN RECEIPT OF THEM TO THE POST SECONDARY STUDENT SUPPORT PROGRAM AND I UNDERSTAND THAT FAILURE TO DO SO WILL SUSPEND MY FUNDING.

STUDENT SIGNATURE: _____ DATE: _____