

PASQUA POST SECONDARY PROGRAM
BOX 79
PASQUA, SASKATCHEWAN
S0G 5M0



PHONE: 1-306-332-5697 or 1-888-820-2202

FAX: 1-306-332-5199

APPLICANT STATUS: CONTINUING: _____ WAITLISTED STUDENT: _____

SEMESTER APPLYING FOR: FALL _____ WINTER _____ SPRING/SUMMER _____

DEADLINE DATES: JUNE 15 FOR FALL SEMESTER
NOVEMBER 30 FOR WINTER SEMESTER
FEBRUARY 28 FOR SPRING/SUMMER – IF APPLICABLE

LATE OR NO APPLICATION WILL TERMINATE YOUR FUNDING

STUDENT INFORMATION: PERSONAL

NAME: _____ TELEPHONE NUMBER: _____

ADDRESS: _____ TREATY NUMBER: _____

STUDENT INFORMATION: ACADEMIC

STUDENT NUMBER: _____ LENGTH OF PROGRAM: _____

INSTITUTION ATTENDING: _____

NUMBER OF YEARS/MONTHS REMAINING TO COMPLETE STUDIES: _____

NOTE: A COPY OF YOUR CLASS REGISTRATION FOR THE FOLLOWING SEMESTER MUST BE SUBMITTED TO THE PASQUA POST SECONDARY COORDINATOR AS SOON AS YOU ARE REGISTERED.

A COPY OF YOUR MARKS MUST BE SUBMITTED TO THE PASQUA POST SECONDARY COORDINATOR AS SOON AS YOU RECEIVE THEM.

YOU MUST NOTIFY THE PASQUA POST SECONDARY COORDINATOR OF ANY CHANGES IN YOUR PERSONAL AND ACADEMIC STATUS IMMEDIATELY.

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: _____