

**WIKWEMIKONG BOARD OF EDUCATION
APPLICATION FOR EDUCATIONAL ASSISTANCE – POST SECONDARY PROGRAMS**

FUNDING CATEGORIES (CHECK ONE ONLY):

New (High School Graduate or Mature Student) Returning (New Program)
 Continuing (In Current Program) **Student No.** _____ Specialized/Summer Program

Band Registry Number: 1 / 7 / 5 / / / / / / / / S.I.N. - - Birth Date: / /
Year Month Day

Deadline: June 1st at 4:00 PM EST (April 15th -Spring/Summer)
 If June 1st falls on the weekend, the deadline date will move to the Friday prior. All applications must be in the WBE office by the deadline.

STUDENT INFORMATION

SURNAME		GIVEN NAME(S)		
STREET ADDRESS		CITY	PROV	POSTAL CODE
PHONE	E-MAIL ADDRESS	MARITAL STATUS: Single _____ Married/Common Law _____ NUMBER OF DEPENDANTS (excluding spouse): _____ EMPLOYED (Specify PT/FT): Student _____ Spouse _____		

EDUCATION PLAN

TYPE OF PROGRAM Certificate _____ Diploma _____ Degree _____ Post Grad. _____		DISTANCE ED. _____ ON CAMPUS _____	RESIDENCE (On-Campus) _____	FULL TIME _____ PART TIME _____
INSTITUTION/CAMPUS	PROGRAM	LENGTH OF PROGRAM Year(s) _____ Month(s) _____		
YEAR OF ACADEMIC STUDY (1) _____ (2) _____ (3) _____ (4) _____	TRAINING PERIOD AND DATES Session: Spring _____ Summer _____ Fall _____ Winter _____ Start Date: <u> / / </u> End Date: <u> / / </u> <small>Y M D Y M D</small>	DATE OF GRADUATION _____ Year Month		

DOCUMENTS REQUIRED

Required by Deadline Date: <input type="checkbox"/> Educational/ Career plan 300-500 word essay (new/returning students) <input type="checkbox"/> Reference letter from employer/counsellor (new/returning students) <input type="checkbox"/> Resumés (new/returning students) <input type="checkbox"/> Copy of Status Card (all students) <input type="checkbox"/> Transcripts secondary/post-secondary (all students)	<input type="checkbox"/> Direct Deposit form/Void Cheque (new/updated) <input type="checkbox"/> Final Acceptance Letter (new/returning) <input type="checkbox"/> Course Registration/Class Schedule (all students) <input type="checkbox"/> Tuition Fee Statements/Invoices (all students) <input type="checkbox"/> Residence Agreement/Invoice (if applicable)
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All sections of this application **must** be completed in full or the application will be considered incomplete

I have read the student handbook and agree to the conditions for this financial assistance

_____ **APPLICANT'S SIGNATURE** _____ **DATE** _____ **W.B.E COUNSELLOR'S SIGNATURE**

The Wikwemikong Board of Education **will not call** to confirm whether or not an application has been approved. Applicants must call our office for information regarding the status of their funding request.
 1-866-832-9464 OR (705) 859-2010
 Facsimile: (705) 859-2888