

Degree Applying

YEAR

Eskasoni School Board

APPLICATION FOR EDUCATION ASSISTANCE

NAME		PHONE	Home #	
P.O. Box #			Cell #	
Street		e-mail		
Town/Province				
Postal Code				

Band Number	
Name of Spouse	

Date of Birth	
Employed	If yes, provide details
Yes or No	

Dependents	If yes, provide names & DOB

HIGH SCHOOL INFORMATION

Name of School:		GED: Grade	
Grade completed:		Year of GED	
Year graduated			

University/College Applying	Program	Full/Part	Length of Program	Expected Grad Year

Post Secondary Institutions Attended in the past				
Year	Name of Institute	Program	Date Dropped	Degree Obtained or Credits Earned

I hereby apply for education assistance from the ESKASONI SCHOOL BOARD and accept the following:

- I have obtained a copy of, read and understood, the Eskasoni School Board's Post Secondary Educational Assistance Policy and agreed to abide by this policy.
- I have signed the Release of Information Waiver and Consent Form and agreed to provide all and any transcript of my marks while receiving financial assistance from the Eskasoni School Board.
- I will report any changes in my program or student status to the Eskasoni School Board Post Secondary Coordinator.
- I will report any income, scholarships or bursaries that I may receive to the Eskasoni School Board upon receipt or shortly afterwards.

Student Signature		Date	
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Approved By		Date	
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Comments			

