



CURVE LAKE FIRST NATION
Post Secondary Financial Assistance Application

FOR OFFICE USE ONLY:
<input type="checkbox"/> NEW
<input type="checkbox"/> RETURN
DATE RECEIVED _____

TO APPLICANT:

Please complete your application accurately to avoid delay in processing.

A. Sections 1, 2, 3 and 5 must be filled out in full by all applicants.

B. Section 4 must be filled out by those claiming dependents.

SECTION 1 - Personal Information

_____/_____/_____
 (Last Name) (First) (Second)

_____/_____/_____
 (Band Number) D.O.B. (Month) (Day) (Year)

Marital Status: Single () Married/Partnership () complete Section 4 if checked E-mail _____

Permanent Home Address: _____

_____/_____/_____/_____
 (Reserve / Town / City) (Province) (Postal Code) (Telephone Number)

Current Mailing Address: _____

(If different from above) _____ (Street)
 _____/_____/_____/_____
 (Reserve / Town / City) (Province) (Postal Code) (Telephone Number)

SECTION 2- Educational Information

I hereby make application for assistance to attend:

Name of Educational Institution _____

Address of Institution _____

_____/_____/_____
 (City / Town) (Province) (Postal Code)

 (Telephone Number)

To enroll in: Major(s) _____ Full Time () Part Time ()*

* must advise if employed full-time

From (starting date) ____/____/____ to (ending date) ____/____/____
 (Month) (Day) (Year) (Month) (Day) (Year)

Certificate () Diploma () Bachelor () Masters () PhD () Other ()

SECTION 3 – Educational History

Last School Attended:

1. High School ____/_____
 (Name) (Year)

 (Grade Level or Diploma) Completed: () YES () NO

2. Post-Secondary Institutions Attended:

_____/_____/_____
 (Name) (Degree / Program) (Year)

_____/_____/_____
 (Name) (Degree / Program) (Year)

