



**Contact Information**

ADDRESS:

\_\_\_\_\_  
 Street Box/Apt/Suite City

\_\_\_\_\_  
 Province Country Postal Code

\_\_\_\_\_  
 Home Cell Email

**Personal Information**

GENDER: Female  Male

MARITAL STATUS: Single  Married / Common Law

DEPENDENTS:

1	_____ Surname, First Name	_____ Date of Birth DD / MM / YYYY	_____ Status No. 10-Digits
2	_____ Surname, First Name	_____ Date of Birth DD / MM / YYYY	_____ Status No. 10-Digits
3	_____ Surname, First Name	_____ Date of Birth DD / MM / YYYY	_____ Status No. 10-Digits
4	_____ Surname, First Name	_____ Date of Birth DD / MM / YYYY	_____ Status No. 10-Digits
5	_____ Surname, First Name	_____ Date of Birth DD / MM / YYYY	_____ Status No. 10-Digits

**Application Information**

PRIORITY: (please refer to DN PSP Student Assistance Policy)

- |                                      |                                      |                                  |
|--------------------------------------|--------------------------------------|----------------------------------|
| 1 - Continuing Student: _____        | 2 - Secondary School Graduate: _____ | 3 - New Mature Student: _____    |
| 4 - Continuing Mature Student: _____ | 5 - Returning (incomplete): _____    | 6 - International Student: _____ |
| 7 - Second Ticket Student: _____     | 8 - Not in Good Standing: _____      |                                  |

PROGRAM LEVEL

College, Certificate: \_\_\_\_\_

College, Diploma: \_\_\_\_\_

University, Undergraduate: \_\_\_\_\_

University, Graduate: \_\_\_\_\_

University, Certificate: \_\_\_\_\_

Program Length: \_\_\_\_\_

Year of Study: \_\_\_\_\_

New Program: \_\_\_\_\_

Re-enrollment: \_\_\_\_\_

Full Time: \_\_\_\_\_

Part Time: \_\_\_\_\_

SCHOOL NAME:

School location: \_\_\_\_\_

Area of Study / Department / School \_\_\_\_\_

Program \_\_\_\_\_

Degree / Diploma / Certificate type: \_\_\_\_\_

Estimated Graduation Date: \_\_\_\_\_

TUITION & STUDENT FEES

(Please refer to School Information material or website)

Signature: \_\_\_\_\_

Signature box

Date: \_\_\_\_\_

Date box

Received by: \_\_\_\_\_

Received by box

Date: \_\_\_\_\_

Date box

**PLEASE send a copy of the completed application form by fax or email to:**

**Fax: 1-519-692-5951**

**Email: [post.secondary@delawarenation.on.ca](mailto:post.secondary@delawarenation.on.ca)**

**Mail: The original application must be mailed or delivered in person to:  
Delaware Nation – Moravian of the Thames  
Education Department  
14753 School House Line  
Thamesville, ON N0P 2K0  
P: 1-519-692-5551  
Toll free: 1-833-592-3949  
Attention: Postsecondary Program Coordinator**