

## Applicants Information:

Last Na	me	First Name		Middle Name(s)		
Date of DD-MM-		Indian Status Number 10-digits		Term & Year F / W / S		
Check	list: Please ensure	your application inc	ludes the follow	wing		
1.	A FULLY completed, signed and dated funding application. Note: original applications are to be mailed or delivered in-person					
2.	A copy of your Secondary School Diploma / GED / ACE certificate or prior postsecondary transcript					
3.	A copy of your status card (front and back) or a letter from the Band Membership clerk (519- 692-3936) verifying your status card number.					
4.	Copies of your dependents children's status cards or birth certificates.					
5.	A direct deposit form and void cheque - Canadian accounts only.					
6.	A signed release of information form					
7.	Final acceptance letter / official copy of your course registration and fee statement This document can be submitted upon receipt from the school					
Funding A	opplication Deadlines:	Fall Intake – Winter Intake –	May 15 October 0 <sup>7</sup>	1		

## PLEASE NOTE:

April 01

Summer/Intersession –

Upon funding approval each successful applicant must attend an Orientation Session in Delaware Nation – Moravian of the Thames on the 3<sup>rd</sup> Friday of August. Travel to the Orientation Session will be at the expense of the successful applicant.

(Refer to Section 5.2 in the Student Assistance Policy)

## Page 2

Name:

Co	ontact Information	า				
AD	DRESS:					
Str	eet			Box/Apt/Suite	City	
Province			Country		Postal Code	
Но	me		Cell	En	nail	
Pe	ersonal Informa	tion				
GE	NDER:	Female	Mal	е		
MA	RITAL STATUS:	Single	Mar	ried / Common Lav		
DE	PENDENTS:					
1						
2	Surname, First Nam	e		Date of Birth DD / N	ИМ / ҮҮҮҮ	Status No. 10-Digits
3	Surname, First Nam	e		Date of Birth DD / N	MM / YYYY	Status No. 10-Digits
4	Surname, First Nam	e		Date of Birth DD / N	MM / YYYY	Status No. 10-Digits
5	Surname, First Nam	e		Date of Birth DD / N	MM / YYYY	Status No. 10-Digits
	Surname, First Nam	е		Date of Birth DD / N	ΜΜ / ΥΥΥΥ	Status No. 10-Digits
Ap	oplication Infor	mation				
PR	RIORITY: (please refe	er to DN PSP S	tudent Assista	nce Policy)		
	1 - Continuing	g Student:	2 - Seco	ndary School Grad	uate:	3 - New Mature Student:
4 -	<ul> <li>Continuing Mature</li> </ul>	e Student:	5 –	Returning (incomp	lete):	6 – International Student:
7 – Second Ticket Student: 8 – N				– Not in Good Stan	ding:	

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ON PSP Student Assistance Application	Page 3	Name:
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)		
		ı ———
Signature:		Date:

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

Received by:

Fax:	1-519-692-5951
Email:	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

Date: