

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:

Date:

Received by:

Date:

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

**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**